

THE 13742

PM





THE UNIVERSITY OF QUEENSLAND

Accepted for the award of

DOCTOR OF PHILOSOPHY

on 1 DECEMBER 1999



**In a State of Corruption:**

**Loathsome Disease and the Body Politic**

Jo Robertson

BA Hons, MA (University of Qld)

A thesis submitted in accordance with  
the requirements for the degree of  
Doctor of Philosophy in the  
Department of English, University of Queensland  
June 18, 1999

## Abstract


This thesis is about leprosy and its metaphors and the deployment of these at a particularly significant moment in Queensland history and a formative one for the nation as a whole. In order to explain the discursive contexts out of which leprosy emerges and the ways in which local conditions intersected with imported ideas and tropes, I have divided the thesis into two major sections: the first deals with leprosy as both disease and metaphor in Europe and the British Empire, while the second deals with the impact of these discourses and their specific application and ramifications in the colony of Queensland at the turn of the last century.

In the first section, chapters one to four set up this complex formation: Chapter one considers the ways in which metaphors of disease reveal anxiety and stress in particular societies, and then identifies some of those anxieties prevalent in England, the Empire, and the colonies at the turn of the century; Chapter two then examines the tradition of representations of leprosy which culminated in a particularly rich trope at the end of the century; Chapter three takes this analysis of the representation of leprosy one step further by connecting its older figurations with the newly emergent germ theories, drawing attention to the ways in which bacilli were imagined in terms of metaphors of invasion and colonisation; Chapter four indicates how this complex is further intensified by *fin-de-siecle* theories of degeneration which imagined the body politic in metaphors drawn from the physical body. Chapter five then examines the significance of the rising tide of concern in the Empire and in England that the "contagious" disease, leprosy, would "reinvade" England.

The second section of my thesis considers the ways in which these discursive strands intersected with the events in the colony of Queensland which imagined itself as extremely vulnerable to disease through immigration. Chapters seven, eight, and nine describe the efforts to control leprosy in colonial Queensland, demonstrating how the fear of the disease generated successive attempts to create sites of quarantine which proved to be unsatisfactory. The horror kept returning, however, and each time the sense of taintedness and impurity recurred with corresponding intensity.

Chapter ten demonstrates the ways in which the trope of leprosy (deployed through discourses of race, class and gender) proved crucial in the formation of a nation. The threat of leprosy was deliberately invoked by working-class interests in opposition to the black worker and in support for the formation of a Federated white Australia. In conclusion the thesis notes that, as the nation moves towards a celebration of a century of Federation (and considers the possibility of becoming a republic) this apparently forgotten disease still haunts the conception of an Australian identity and the constitution of its "body politic." The spectral figure of the leper continues to energise contemporary debates over immigration.

The work presented in this thesis is, to the best of my knowledge and belief, original, except where acknowledgement is made to the contrary. It has not been submitted, either in whole or part, for a degree at this or any other university.

  
Jo Robertson

## Acknowledgements

This thesis would not have been completed without the support and encouragement of a whole network of people. Firstly, the ability of my supervisors, Professors Helen Tiffin and John Frow, to combine affirmation and critical input was crucial. Helen Tiffin's interest in the material and her commitment to the thesis sustained me when I had lost faith in it. Some of my most rewarding times at University were spent discussing the details of my thesis with her. John Frow must take responsibility for encouraging me to embark on this journey in the first place. His suggestions and kind critique were always sufficient to energise me for another onslaught. My thanks too, to the whole of the English Department for providing an empathic and considerate environment so conducive to research; thanks to Annette Henderson, Sandra Gough, Angela Tuohy, Elizabeth Mitchell, and Cathy Squirrel and Chris Rintel whose friendliness and efficiency characterise the place. In addition, I owe an enormous debt of gratitude to both the academic staff and the postgraduate students in the Department, all of whom have been delightful people to work with. I especially want to thank Dr Con Castan and Claudia Brandenstein for their support.

My thanks to my family for their tolerance of this lengthy process: my husband, James, who has always encouraged me to do what I wanted to do, to my children Dominic, Anna, Brian, and David who have grown up while I've been doing that and don't know anything different (particularly to Anna Robertson who has so competently taken over in my absence), and my extended family, especially my mother and my sister, who have cared enough to want to read what I have written. Sometimes, the whole of Brisbane seemed to have to "step in for me," and I am sure many people will hardly be able to believe that I have finally finished.

Thank you, also to Dr Michael Meadows who led me to the Queensland State Archives where we were astonished at the material we discovered. With his encouragement, I continued this research. Thanks to a University of Queensland Scholarship, a Tutorial Assistantship, and timely research work supplied by Helen Tiffin, I was privileged to be able to work on my doctorate with my supervisors, in the English Department, at the University of Queensland.

I dedicate this thesis to my father, Brian William Horrocks, who lived for forty-five years in the State of Corruption, serving some of that time in the Queensland Police Force, with no hope that it would ever be any different.

## Contents

Abstract	ii
Acknowledgements	iii
Illustrations	
Abbreviations	v
Introduction	1
<b>Section One</b>	
Chapter 1	
Disease, Anxiety and Empire	10
Chapter 2	
Leprosy: The Loathsome Disease	30
Chapter 3	
Invading Microbes: the Germ Theory of Disease	53
Chapter 4	
Degeneration: A Crisis in the Body Politic	72
Chapter 5	
Leprosy an Imperial Threat	94
<b>Section Two</b>	
Chapter 6	
Colonial <i>Cordon Sanitaire</i>	118
Chapter 7	
In a State of Corruption: Colonial Queensland and the <i>Cordon Sanitaire</i>	140
Chapter 8	
Placing James Quigley: a Crisis in the Colonial Body	161
Chapter 9	
Bella Clarke: the Very Heart of Decay	202
Chapter 10	
The State of the Nation: Newspapers and the Re-Introduction of Kanaka Labour	218
Conclusion	
1996: This Year of the Running Sore	261
Bibliography	272

## Illustrations

Figure 1	
A More Disastrous Flood Than That of '93	134
Figure 2	
An Argument For Naval Tribute	160
Figure 3	
The Stranger Within Our Gates	201
Figure 4	
Here We Go Round the Mulberry Bush	215
Figure 5	
The Government Waltz	216
Figure 6	
Griffith's Revenge: What Black Labour Means	245
Figure 7	
The Curse of Cheap Labour	256
Figure 8	
A White Australia	260
Figure 9	
Pauline Hanson	263
Figure 10	
Pauline Hanson: Threat and Pariah	271

## Abbreviations

<i>QSA</i>	<i>Queensland State Archives</i>
<i>Col Sec</i>	<i>Colonial Secretary</i>
<i>Col</i>	<i>Collection</i>



## Introduction

On 30 July 1891, the colony of Queensland, under the administration of the Colonial Secretary, Horace Tozer, approved and published "Regulations for the Treatment of Persons Affected with Leprosy and for the Prevention of the Spread of that Disease"<sup>1</sup> in response to a perceived threat - an epidemic of leprosy.<sup>2</sup> The householder or occupier of a household, or a legally qualified medical practitioner were required to report suspected cases of leprosy to the Secretary of the Central Board of Health, who had the right to have two or more doctors investigate, remove or detain, and isolate and treat whoever they considered to be suffering from the disease, thereby providing for the detention, care, inspection, isolation, supervision, medical and material provision of the "leper." Force could be used against anyone who attempted to evade these regulations. The government medical officer was to be responsible simultaneously to the Central Board of Health and to the Minister, and in the event of a death, the chain of command was to the Police Magistrate and to the Central Board of Health. The regulations were prefaced by the Governor in Council's formal approval and concluded with the endorsement of six members of the Central Board of Health. These applied to the "territorial jurisdiction of Queensland," as well as to "all vessels, whether on inland waters or on arms or parts of the sea."

---

<sup>1</sup> *QSA* Col 264

<sup>2</sup> They were drawn up by the Central Board of Health and claimed, as the basis for their legality, the controversial *Health Act* of 1884. They applied for twelve months from August 1, 1891.

There were no grounds for appeal if an incorrect diagnosis was made, neither were there provisions for different stages of contagiousness, nor the possibility of an uncertain diagnosis. The onus was upon two or more "legally qualified medical practitioners" to be satisfied as to whether the person was suffering from the disease.<sup>3</sup>

Leprosy had first been noticed in the colony of Queensland in 1855 in a Chinese labourer, and in 1857, an "English speaking white" had also been diagnosed. Dr Joseph Bancroft documented four others, apart from a small, but growing presence of Chinese and Pacific Islanders: these were, in 1868, a German; and in 1879, a European, a gravedigger, and another German.<sup>4</sup> They represented the first signs of what came to be perceived as a threat that was entirely out of proportion to the actual number of people ever confirmed as having the disease.

Four months after the regulations were passed, *The Brisbane Courier* reported that a man in Rockhampton had leprosy.<sup>5</sup> The police had received information that a 23 year old man, James Quigley "was supposed to be suffering from leprosy," that he lived with his father who ran a steam laundry, and had been examined by four doctors, who had

---

<sup>3</sup> In addition, the Central Board of Health was empowered to "make regulations as to the treatment of persons affected with any epidemic, endemic, or infectious disease, and for preventing the spread of such disease."

<sup>4</sup> Joseph Bancroft, Transactions of the Intercolonial Medical Congress (Sydney, 1892) quoted in J. Asburton Thomson, *Prize Essays on Leprosy: A Contribution to the History of Leprosy in Australia* (London: New Sydenham Society, 1897) 208 and 224-5.

<sup>5</sup> "Summary of the News" and "Leprosy at Rockhampton" *Brisbane Courier* 7 Dec. 1891: 4 and 5. A small article on page five contained contradictory reports in the regional news section dated December 5 and December 6. On December 5, it reported that no evidence had been found to support the rumour that there was leprosy at Rockhampton, but on December 6, the report confirmed the rumours.



discovered that he had been unwell for two years. In addition, he and his father lived "near the site of the old gaol," where, when James Quigley was thirteen years old, a Chinaman had been isolated because he had leprosy.

What followed reveals uncertainty and confusion in the administration, while the newspapers reflected a public concern amounting almost to panic. The initial Government response was to follow the usual practice of sending Quigley to Dayman Island in the Torres Strait.<sup>6</sup> Then, three days later, the Colonial Secretary received a telegram reporting that Quigley had escaped. The telegram suggested that he had gone South on the steamer *Eurimbla*. It also suggested that the Brisbane police meet the steamer and watch the Gympie train. It described James Quigley as recognisable because he is "much emaciated," and his ears are "enormously swollen from disease."<sup>7</sup>

On 16 December, the newspaper reported with relief that Quigley was now "confined" in the grounds of the Brisbane Hospital.<sup>8</sup> In the same edition the "highly interesting and what might be called sensational case" was recounted in detail, the article noting how Quigley and his father were arrested by police when they arrived on the *Eurimbla* and reassuring readers that "the lad was conveyed as quickly as possible to the hospital grounds, on the

---

<sup>6</sup> QSA ColSec Col 271: No 14145. What the "leper station" on Dayman Island consisted of would eventually emerge as the debate about what to do with James Quigley progressed. The removal was, because of the distances involved, dependant upon an available ship. The administrators commented: "there does not appear to be any other way than by sending the *Albatross* down as soon as possible."

<sup>7</sup> QSA ColSec Col 271: No 14288.

<sup>8</sup> "Summary of the News," 16 Dec. 1891 *Brisbane Courier*: 4.

order of the Board of Health, and was then isolated" (4). His isolation consisted of his being placed in a tent and guarded by the police, until the authorities decided what to do with him. The boy and his father had travelled to Brisbane under assumed names, and two doctors, Jackson and Mayne, had examined him. Once his case was confirmed by the other doctors he was to be dispatched to the leper station in Torres Strait.

On the next day, December 17, the Colonial Secretary's office received the medical report on Quigley from Dr Sandford Jackson. Jackson's report described Quigley as "a well marked example of that variety of leprosy or elephantiasis known as *Elephantiasis tuberosa*." It details the thickening of the skin of the eyebrows and the ears, and the changes to the skin on his face, remarking that it had the "so called 'leonine' expression to some extent." The report comments on other "lumpy spots and stains" on various parts of his body. It notes that he demonstrates little loss of sensation except perhaps in his hands, which show some muscle wastage. This Jackson took as an indication of nerve damage, and he predicted that the case would progress to a mixed form of the disease, and "partake of some of the character of both tuberos leprosy (*Elephantiasis tuberosa*) and insensitive leprosy (*Elephantiasis anaesthetica*)." He noted that the feet and hands also showed the effects of the disease in the chipped and cracking nails, even though Quigley maintained that this was due to his use of caustic soda in his father's laundry. Jackson concluded that, generally, Quigley was "feeble" and "emaciated," and would soon require nursing.<sup>9</sup>

---

<sup>9</sup> QSA ColSec Col 271: No 14477.

A heated public debate followed and intensified as further cases were identified. Initially, it developed into a struggle between the medical profession and the colonial administration over the control of those identified as lepers. One of the most difficult decisions, and one that gave rise to continuing controversies and scandals, was to find a suitable site for a lazaret. It emerged that from 1889, Daymen Island, in the Torres Strait, had been and was still being used to detain and isolate Chinese in the colony. Over the next seventy years, invariably in controversial circumstances, various island sites would continue to be used as detention centres for lepers. With the discovery of James Quigley an area at Dunwich, on Stradbroke Island, close to the Benevolent Institution was set aside, and continued to be used for those diagnosed with the disease until 1910. At the same time, Friday Island (also in the Torres Straits), was used from 1892 until 1910. Then in 1906, a "modern" lazaret was erected in the north-western corner of tiny Peel Island, off the south-eastern coast of Queensland. There in July 1907, 71 patients were admitted: 16 Europeans, 3 Chinese, 1 Indian, 4 Aborigines, and 47 Melanesians. From 1907 to 1959, when it closed, a total of 400 people were admitted, the most being 84 in 1910. Two hundred and fifty died in the lazaret.<sup>10</sup> After 1940 (and until the 1970s), Fantome Island, next to Palm Island, near Townsville, became the leper asylum for Queensland.

\* \* \*

---

<sup>10</sup> Robert Riddel, "*The Leper Shall Dwell Alone: Peel Island Lazaret Conservation Plan: A Report for the Department of Environment and Heritage* (Brisbane, Fortitude Valley: Department of Environment and Heritage, 1993) 14.

At the time of the discovery of Quigley's leprosy, the disease, already freighted by the late nineteenth century with a multiplicity of connotations that conjured threats to the defining boundaries of the body, had been revived by the new germ theory. *Bacillus leprae* had been shown, by G H Armauer Hansen, in 1873, to be the bacillus consistently present in the nodes of leprosy patients, and the very first bacterium to be discovered in the human being. Together with the international acceptance of germ theory from the late 1880s onward, the accretion of ancient and contemporary associations of leprosy ensured that it was increasingly represented as one of the most disturbing threats to the Empire - a threat that had the potential to revisit the European continent in the same way that it had in the middle ages.<sup>11</sup> Ironically, for the body politic in Britain, leprosy conjured the spectre of disintegration from within, in the physical and moral decay of the lower classes and the threat of class war; yet, in the body politic of the emerging Australian nation, the horror of the disease was mobilised by the working class to represent the national decay and corruption which would result from an external threat introduced through Chinese and Kanaka labour.

The discursive role of the disease leprosy in the construction of an Australian national identity is, for the most part, forgotten, belonging to a formation that emerges out of a slumbering past. The task for analysts of such, as Foucault points out,

---

<sup>11</sup> In *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (London: Tavistock, 1967) 1-4, Michel Foucault cites evidence of 19 000 lazar houses in the High Middle Ages. He also indicates that by the 1600s, its disappearance was celebrated. Nonetheless, there is nothing certain about the presence, extent, or intensity of the disease in this period. Details and uncertainties are described in Leonard Rogers, and Ernest Muir, *Leprosy*, 3rd ed. (London: John Wright and Sons, 1946) 1-9.



is not to awaken texts from their present sleep, and by reciting the mark still legible on their surface, to rediscover the flash of their birth; on the contrary, its function is to follow them through their sleep, or rather to take up the related themes of sleep, oblivion, and lost origin, and to discover what mode of existence may characterise statements, independently of their enunciation, in the density of time in which they are preserved, in which they are reactivated, and used, in which they are also - but this was not their original destiny - forgotten, and possibly even destroyed.<sup>12</sup>

Leprosy is an ancient disease with an uncertain origin. There is evidence to suggest that it was particularly prevalent during the middle ages, became dormant, and from the mid-nineteenth century, experienced a resurgence. As a frightening disease with a long history, the representational force of leprosy shifts, merges with other diseases and discourses, and seems to vanish and remerge reinforced by new symbolic resonances. As well, the myriad of uncertainties surrounding the disease ensure it a shifting deployment in a variety of contexts. Consequently, this whole formation is particularly protean, and when traced to the colony of Queensland in the 1890s reveals something of the history of how a nation has come to construct itself. Herndl writes that "one of the workings of cultural power ... is to divert political disease into an overwhelming attention to the physical body and away from the body politic."<sup>13</sup> In this thesis, I argue that leprosy was focal in the formation of Queensland political agendas and Australian national identity, and that its traces persist in contemporary political debates. Outside the scope of this project is the administrative and medical attention brought to bear on Indigenous people after Federation.

---

<sup>12</sup> Michel Foucault, *The Archaeology of Knowledge*, trans. A. M. Sheridan Smith (London: Tavistock, 1972) 123.

<sup>13</sup> Diane Price Herndl, *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940* (Chapel Hill and London: U of North Carolina P, 1993 ) 220.

My thesis is about leprosy and its metaphors and the deployment of these at a particularly significant moment in Queensland and a formative one for the nation as a whole. In order to explain the discursive contexts out of which leprosy emerges and the ways in which local conditions intersected with imported ideas and tropes, I have divided the material into two major sections: the first dealing with leprosy as both disease and metaphor in Europe and the British Empire, while the second deals with the impact of all these discourses (their specific application and ramifications) in the colony of Queensland. In the first section, chapters one to four set up this complex formation. Chapter one considers the ways in which metaphors of disease reveal anxiety and stress in a particular society, and then identifies some of those anxieties prevalent in England, the Empire, and the colonies at the turn of the century. Chapter two then examines the tradition of representations of leprosy which culminated in a particularly potent trope at the end of the century. Chapter three takes this analysis of the representation of leprosy one step further by connecting its older figurations with the newly emergent germ theories, drawing attention to the ways in which bacilli were imagined in terms of metaphors of invasion and colonisation. Chapter four indicates how this complex is further intensified by *fin-de-siecle* theories of degeneration which imagined the body politic in metaphors drawn from the physical body. Chapter five then examines the significance of the rising tide of concern in the Empire and in England that the "contagious" disease leprosy would to "return" to England.

The second section of my thesis considers the ways in which these discursive strands intersected with the events in the colony of Queensland, which imagined itself as

extremely vulnerable to disease through immigration. Chapters seven, eight, and nine describe the efforts to control leprosy in colonial Queensland, demonstrating how the fear of the disease generated successive attempts to create sites of quarantine which proved to be unsatisfactory. The horror kept returning, and each time the sense of taintedness and impurity recurred with corresponding intensity. John Barrell's *The Infection of Thomas de Quincey: A Psychopathology of Imperialism* uses the metaphor of the involute: "a shaped vacancy enclosed by an open-ended spiral of concrete objects"<sup>14</sup> in which the internal curling whorls of a shell capture the process of displacement through which otherness is to be incorporated in easily digestible segments, and a more radical otherness is consigned resolutely to the periphery. The figuration of the "involute" aptly expresses the nightmarish experience of the colony of Queensland confronting and attempting to contain its worst imagined fears, only to find them reappear even closer to the very centre of the body politic. Chapter ten demonstrates the ways in which the trope of leprosy (deployed through discourses of race, class and gender) proved crucial in the formation of a nation. The threat of leprosy was deliberately invoked by working-class interests in opposition to the black worker and in support for the formation of a white Federated Australia. In conclusion the thesis notes that, as the nation moves towards a celebration of a century of Federation (and considers the possibility of becoming a republic) this apparently forgotten disease still haunts the conception of an Australian identity and the constitution of its "body politic." My conclusion points out that this spectral figure of the leper continues to energise contemporary debates over immigration.

---

<sup>14</sup> John Barrell, *The Infection of Thomas de Quincey: A Psychopathology of Imperialism* (New Haven and London: Yale UP, 1991) 32.



## Chapter One

### Disease, Anxiety and Empire

Concepts of medicine, disease, health, and the body are shaped by and shape society, culture, and the self. Medicine is not a self-enclosed system, and what is taken to be "disease" or "health" at any specific moment in history depends upon the period, the culture, and the available discourses.

Rosenberg and Golden note that "a disease does not exist until we have agreed that it does, by perceiving, naming and responding to it."<sup>15</sup> The "framing" of the disease dictates a culture's response to it and affects the substance of medical knowledge, the construction of institutions, the content of public policy, and the behaviour of those labelled with the disease.

Moral judgments arising neither uncomplicatedly nor consistently out of specific social and cultural communities are intrinsic to the intersection of discourses which produce disease categories. Mark Cherry discusses the ways in which a particular medical social reality emerges out of available moral and epistemological assumptions: "Medicine is not neutral. To describe a human condition, ... as a disease to be treated medically, ... is to advance moral and conceptual judgements that fashion licit and illicit health care practices. The

---

<sup>15</sup> Charles E. Rosenberg and Janet Golden, eds., *Framing Disease: Studies in Cultural History* (New Brunswick, New Jersey: Rutgers UP, 1991) xiii.



social ontology of morality and medicine are deeply intertwined".<sup>16</sup> These judgements are drawn from and negotiated with the moral community within which the medical social reality is being constructed. Cherry points out that one community's tolerance of a "disease" and what sort of lifestyle contributes to it may differ significantly from that of another, so that "individuals should choose their primary moral communities as well as their vices with great care". Most importantly, no community provides a seamless and completely coherent moral framework as a basis for medical decisions about diagnosis and treatment. There are usually competing traditions and fragments of traditions, and there may also be "opposing moral communities which inform significantly different paradigms of medical practice".<sup>17</sup>

The moral community provides the boundaries which define which symptoms should be grounds for concern and which medical responses are appropriate. Randall Albury's "Cause, Responsibility and Blame in Disease and Disability" suggests that, in the history of medicine, "changing social concerns are reflected in changing notions of which contributing factor to a disease or disability is blameworthy".<sup>18</sup> The link between blame and cause is emphasised in the derivation of the word "aetiology":

The Greek word *aitia*, which we translate as "cause," had as its original meaning "guilt." It was the word applied in legal proceedings when assigning responsibility

---

<sup>16</sup> Mark Cherry, "Bioethics and the Construction of Medical Reality," *Journal of Medicine and Philosophy* 21.4 (1996): 357.

<sup>17</sup> Cherry 367.

<sup>18</sup> Randall Albury, "Cause, Responsibility and Blame in Disease and Disability," *Black Cockatoo* 1.2 (1993): 19.

to someone for the consequences of their actions. In modern medicine the term "aetiology" is still used for the explanation of the cause of a disease. (19)

While Cherry highlights the inseparability of medical diagnosis and the primary moral community, Albury draws attention to the persistence throughout history of a shifting range of explanations, for why illnesses occur that vary with social changes.

Concepts of medicine, disease, health, and the body also form one of the most powerful and enduring ways of looking at, understanding, and expressing how we live. McGowen writes that "medicine was not just a technical knowledge concerning health and disease: it emerged as one of the dominant paradigms used to think about the nature and destiny of humanity. It affected everything from the terms used to define life problems to notions of personal and social responsibility".<sup>19</sup> As such, it assumes a discursive status through which experience is expressed and interpreted. This complex of discourses, forged out of shifting points of intersection that deal with the body on a historically contingent continuum that ranges from healthy to diseased and which is infused with fragmented and contested moral values, can be traced in the form of an autonomous language through which experience is refracted: "Health and disease have become powerful ways in which we map our world as well as regulate it".<sup>20</sup>

Susan Sontag considers the metaphoric function of the language of disease and illness in

---

<sup>19</sup> Randall McGowen, "Reviewing Article: Identifying Themes in the Social History of Medicine," *Journal of Modern History* 63 (1991): 84.

<sup>20</sup> McGowen 90.

*Illness as Metaphor and AIDS and Its Metaphors* because this language is so permeated with blame. She writes:

My subject is not physical illness itself but the uses of illness as a figure or metaphor. My point is that illness is not a metaphor, and that the most truthful way of regarding illness - and the healthiest way of being ill - is one most purified of, most resistant to, metaphoric thinking. Yet it is hardly possible to take up one's residence in the kingdom of the ill unprejudiced by the lurid metaphors with which it has been landscaped. It is toward an elucidation of those metaphors, and a liberation from them, that I dedicate this inquiry.<sup>21</sup>

Metaphors of disease represent the experience of being ill, and specific illnesses accumulate a metaphoric potency that often seems completely unwarranted, coming to assume an autonomy from the specific pathology. They mediate the "reality" of the illness and simultaneously focus on diverse phenomena, returning to their specific illnesses freighted with these associations. They contribute a multiplicity of connotations to that "intricate mosaic of knowledge relations" that provides momentary anchorings for subjects of disease categories. Sontag traces this double-edged metaphoric power:

Any important disease whose causality is murky, and for which treatment is ineffectual, tends to be awash in significance. First, the subjects of deepest dread (corruption, decay, pollution, anomie, weakness) are identified with the disease. The disease itself becomes a metaphor. Then, in the name of the disease (that is, using it as a metaphor), that horror is imposed on other things. The disease becomes adjectival. Something is said to be disease-like, meaning that it is disgusting or ugly. (58)

Taking their point of departure from Sontag, Scheper-Hughes and Lock, medical anthropologists, also acknowledge the role played by the language of disease and the body in expressing the full range of human experience:

---

<sup>21</sup> Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (New York: Doubleday Anchor Books, 1988) 3-4.

Sickness is not just ... an unfortunate brush with nature. It is a form of communication -the language of the organs - through which nature, society, and culture speak simultaneously. The individual body should be seen as the most immediate, the proximate terrain where social truths and social contradictions are played out, as well as a locus of personal and social resistance, creativity, and struggle.<sup>22</sup>

Not only do the metaphors for disease assume their own autonomy, the physical body becomes a metaphor for the social body, so that the way disease is represented and the way disease is used to represent experience, figuring the complexities of the social - both interactive processes - form a metadiscourse which displays no respect for the lived experience of illness.<sup>23</sup>

Not only do disease metaphors thus help to produce a language through which a society understands and expresses itself, they also reveal a society's deep-seated anxieties. Sander Gilman argues that representations of illness have the potential to be indicators of

---

<sup>22</sup> Scheper-Huges and Lock (31) as quoted in Susan M Di Giacomo, "Metaphor as Illness: Postmodern Dilemmas in the Representation of Body, Mind and Disorder," *Medical Anthropology* 14 (1992): 109-37.

<sup>23</sup> Susan DiGiacomo, as a fellow sufferer of illness, attempts a more sophisticated attack upon the potency of illness discourses. She shares Sontag's anger at the straightjacket of metaphor, but departs from Sontag's call for liberation from interpretation: "Indeed, we can experience anything at all only through and by means of culturally constructed and socially reproduced structures of metaphor and meaning" (117). She highlights how three overlapping discourses of illness: the popular, the biomedical, and the anthropological silence the voice of the sufferer. The popular discourse of illness focuses upon the "unmastered emotions" of the sufferer and "yields up a moral economy of illness that silences the voices of the afflicted" (133). Anthropological discourses focus upon the "political economy" of illness permitting the ill to "disappear into class analysis," and biomedical discourses permit the sick person "to fade out of the picture, like the Cheshire Cat, except for a single defining feature, the diseased body part." She concludes that "Attention to the ways in which all of these approaches may support asymmetrical relations of power by appropriating and deauthorizing the experience of the ill is, I think, both more productive and more liberating" (133).

The problem with this argument is that even when it is possible to recuperate the experience of the ill, the discursive possibilities available do not have the same status as those which have been critiqued. The theoretical work that DiGiacomo needs to do, from her disciplinary position, as an ethnographer and anthropologist, in order for her own experience to be considered valid, in this article, makes this evident.



pathology in society because they satisfy profound individual and group needs which parallel, but are not identical to, "the earlier symbiotic context in which the child begins to differentiate himself from the world."<sup>24</sup> In the early stages of individuation, when the infant realises that it cannot control its environment, when its demands are not always met, it experiences a sense of loss of control and resultant anxiety. This experience is instrumental in the formation of the separate identity of the infant and its developing psyche when it begins to categorise the world into what is controllable and what is not. Overlaying these bipolar categorisations is an illusory integration of the personality, but when there is a threat to self integration, repressed mental representations employ stereotypes of our perceptions of the world, and both our sense of self and our responses to objects are stereotyped as good or bad. Consequently, those aspects of the world that are considered uncontrollable are used to represent that aspect of the self that is a source of anxiety or has the potential to be out of control. Both mental representation and the representation of objects reveal the history of the formation of the individual psyche and stress fractures in the integration process. As Gilman writes:

When ... the sense of order and control undergoes stress, when doubt is cast on the self's ability to control the internalized world that is created for itself, an anxiety appears which mirrors the affective coloring of the period of individuation. We project that anxiety onto the Other, externalizing our loss of control. (20)

The Other becomes representative of what we fear becoming and what we fear that we cannot achieve (20). The qualities assigned to the Other may bear no necessary correspondence to external reality, but can be read as indicative of the anxieties of

---

<sup>24</sup> Sander L. Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness* (Ithaca and London: Cornell UP, 1985) 18-19.

individuals in the group, and of the group generally so that the group can be understood from the welter of signs of difference that are assigned to those understood as other than the group (21).

In any social group, then, there is a storehouse of images or stereotypes of the externalised Other that have a history and tradition. This storehouse is drawn upon when required, particularly in moments of anxiety when the integration of individual personalities in the group is subjected to stress: "From a wide range of the potential models in any society, we select a model that best reflects the common presuppositions about the Other at any given moment in history" (20). These stereotypes are shaped and reshaped in texts that are repositories of the fantasy life of the culture (20), so that "A rich web of signs and references for the idea of difference arises out of a society's communal sense of control over its world" (20). The root metaphors of a society reveal its anxieties: for example, fear about illness and the corruption of the self are projected onto others "so that the world becomes seen as both corrupt and corrupting, polluted and polluting" (23). Whatever is regarded as a challenge to the group's order and control is rendered pathological:

"Pathology" is disorder and the loss of control, the giving over of the self to the forces that lie beyond the self. It is because these forces actually lie within and are projected outside the self that the different is so readily defined as the pathological. Such definitions are an efficient way of displacing the consciousness that the self, as a biological entity subject to the inexorable rules of aging and decay, ultimately cannot be controlled. (24)

Gilman describes Western images of disease as being "contaminated" with a "fear of collapse" and a "sense of dissolution." In their externalisation of the fear of loss of

control, the changing social and political functions of such images can also be mapped over time. The way in which disease is represented, which disease is represented, and what the disease represents is thus profoundly indicative of the sense of the potential for disorder in a specific period in history:

Disease, with its seeming randomness, is one aspect of the indeterminable universe that we wish to distance from ourselves. To do so we must construct boundaries between ourselves and those categories of individuals whom we believe (or hope) to be more at risk than ourselves. These bounded categories are invested with all of the raw intensity of our pre-Oedipal selves.<sup>25</sup>

In 1891, the colony of Queensland was part of the British Empire. The unity and stability of the Empire, at that time, is a matter for debate, but it would seem to have been subjected to both external pressures from growing industrial powers such as Germany and the United States and internal pressures such as the growing unemployment in England. In addition, there was always the possibility of colonial rebellion.

Cain and Hopkins in *British Imperialism: Innovation and Expansion 1688-1914* contest the generally accepted view that the final years of the nineteenth century witnessed a defensive expansion of the Empire. They chart the movement towards the admission to gentlemanly status of the new urban middle class so that a "distinctive form of conservative progress" was managed which "safeguarded tradition and privilege while also upholding the rights of 'free-born Englishmen.'"<sup>26</sup> They indicate that this alliance with the middle class was

---

<sup>25</sup> Sander Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca and London: Cornell UP, 1988) 4.

<sup>26</sup> P.J. Cain and A.G. Hopkins, *British Imperialism: Innovation and Expansion 1688-1914* (London and New York: Longman, 1993) 467.

designed "to save the polity from an unacceptable choice between tyranny and anarchy," and was perpetuated by the fear of "subversion within." The sources of these fears were diverse: "Jacobites or, later, ... the menacing forces of industrialisation and their offshoot, socialism, ... perceived threats from abroad, ranging from French republicanism to the dangers posed by new, expansive states, whether democratic, like the United States, or centralised, like Germany" (467). At the same time, they argue that British expansion, motivated as much by economic considerations as liberal civilising and Christianising intentions, served to produce a network of allies "thus tightening Britain's control over the system of multilateral exchanges on which her prosperity increasingly depended and strengthening her ability to ward off threats from old rivals in Europe and new competitors ... further afield" (468). Other historians argue that Britain's supremacy as an industrial nation was over, and, as a world power, Britain was feeling the pressure of excessive population, the loss of industrial competitiveness, and the long term effects of agricultural malaise.<sup>27</sup> Whatever the specific argument, the enormous wealth of the period, the startling poverty of the lower classes, the rising presence of Germany and the United States, and the growing confidence and desire of the colonies for some sort of self determination necessarily resulted in a climate of instability both at home and abroad.

The Empire was grounded in a rationale that continually renewed its own conditions of existence. Cecil Rhodes stated unequivocally, in 1895, that one of the main imperatives for the continuation of the British Empire was the problem of the unemployed:

---

<sup>27</sup> John Bowle, *The Imperial Achievement: The Rise and Transformation of the British Empire* (Boston and Toronto: Little, Brown and Company, 1974).



I was in the East End of London yesterday and attended a meeting of the unemployed. I listened to the wild speeches, which were just a cry for "bread," "bread," bread," and on my way home I pondered over the scene and I became more than ever convinced of the importance of Imperialism ... My cherished idea is a solution for the social problem, i.e., in order to save the 40 000 000 inhabitants of the United Kingdom from a bloody civil war, we, colonial statesman, must acquire more lands to settle the surplus population, to provide new markets for the goods produced by them in the factories and mines. The Empire, as I have always said, is a bread-and-butter question. If you want to avoid civil war, you must become imperialists.<sup>28</sup>

The Empire provided raw materials which were turned into manufactured goods which were, in turn, exported to the colonies, and the colonies provided food for the British. The colonies were also sources of investment and speculation for British investors. The body politic came more and more to depend on the imports from the colonies for its survival, and the colonies were bound to the investors in England. Paradoxically, as the British Empire expanded, it seemed less able to take care of its own citizens, and yet more bound to the expansion of the Empire to avoid the possibility of civil war.

The potential of the lower classes to threaten the stability of the city was apparent, for example, in November 1887, when the *Times* reported severe riots in London. Two hundred constables, three hundred reserves, a regiment of Life Guards, and a battalion of Grenadier Guards were called out to prevent the mob of Socialists, Nationalists, "Radical Roughs," and "the most turbulent classes," particularly, the "weakest, most worthless, and most vicious in the slums of a great city" from taking control of Trafalgar Square in the

---

<sup>28</sup> Quoted in R. Palme Dutt, *The Crisis of Britain and the British Empire* (London: Lawrence and Wishart, 1953) 79.

interests of free speech.<sup>29</sup> The newspaper described this event as one in which civilisation was pitted against the criminal classes for control of the streets.

Since the Industrial Revolution in England, people had flooded into the cities in search of employment and this was an increasing cause of anxiety. In 1887, the *Times* recorded a Conference held "On the Condition of the Working Classes" referring to the population of London as "this monstrous aggregate of 3 000 000 to 4 000 000 souls" which "possesses fatal attractions for the population of the rest of the country" so that the metropolis is growing "at an alarming rate" because there are "in rural England" "exceptional causes" at work "which threaten to swell the influx."<sup>30</sup> The agricultural depression was causing an annual migration of 50,000 to 60,000 agricultural labourers into the towns of Great Britain.

In 1902, Jack London stood in Trafalgar Square and wryly observed the coronation of King Edward. The reign of Queen Victoria had come to an end, and the Edwardian phase of the British Empire was commencing. Jack London was a young American reporter who had taken it upon himself to make a "Cook's Tour" into an alien and exotic landscape amongst the savages of another race.<sup>31</sup> He had changed his clothes and put on the rags of the poor, and lived amongst the lower classes of the East End of London. His vantage

---

<sup>29</sup> Editorial, "The Defence of Trafalgar Square," *Times* 14 Nov. 1887: 6.

<sup>30</sup> Editorial, "Conference on the Conditions of the Working Classes," *Times* 6 Dec. 1887: 9.

<sup>31</sup> Jack London, *The People of the Abyss* (Oakland, California: Star Rover House, 1982) 5.

point as an outsider, as a young New Worlder, gave him the opportunity to observe with fresh eyes what those who were living in London at the time may not have seen in such stark terms. Emerging from the East End, his perspective on the coronation brings together the glories of Empire and the stark, bitter, tangible poverty of the domestic victims of Empire: pagentry and magnificence rub shoulders with starvation and destitution. He wrote that "to have enjoyed the Coronation procession, I should have come straight from America to the Hotel Cecil, and straight from the Hotel Cecil to a five-guinea seat amongst the washed. My mistake was in coming from the unwashed of the East End" (138).

His immersion in the "abyss" or the "ghetto" of the East End confronted him with "a new and different race of people, short of stature and of wretched or beer-sodden appearance" (7). They were a breed of people which he described as "strikingly differentiated from their masters' breed ... caricatures of what physical men ought to be" (220): "A new race has sprung up, a street people ... They have dens and lairs into which they crawl for sleeping purposes, and that is all" (229). Later, he described them as "a menagerie of garmented bipeds that looked something like humans and more like beasts" or like wolves or gorillas:

Their bodies were small, ill-shaped, and squat. There were no swelling muscles, no abundant thews and wide-spreading shoulders. They exhibited, rather, an elemental economy of nature, such as the cave-men must have exhibited. But there was strength in those meagre bodies, the ferocious, primordial strength to clutch and grip and tear and rend ... They are a new species, a breed of city savages ... The slum is their jungle, and they live and prey in the jungle. (285)

He expresses his fear when he first enters the East End: "the miserable multitudes, street upon street, seemed so many waves of a vast and malodorous sea, lapping about me and threatening to overwhelm me" (8). One of the most intense moments of horror is described as an encounter on the park benches of the Spitalfields Garden with "a welter of rags and filth, of all manner of loathsome skin diseases, open sores, bruises, grossness, indecency, leering monstrosities, and bestial faces" (62).

Against these disturbing sights and experiences, the pageantry in Trafalgar Square takes place in the "very uttermost heart of Empire" (139-40). He describes the procession of carriages of warrior heroes of Empire as "the fighting men of England, masters of destruction, engineers of death," "men of steel, these war lords and world harnessers ... Another race of men from those shops and slums, a totally different race of men" (144). The procession of great military men is then followed by the "colonials" who are "lithe and hardymen," then by "all breeds of all the world," and finally by "the conquered men of Ind" in all their exotic splendour (144-5). In the emotion of the moment, and in spite of everything he had seen, London is almost swept away with everyone else: "The contagion is sweeping me off my feet. I too want to shout. 'The King! God Save the King!'" The stark contrasts produce a sense of unreality: "I check myself with a rush, striving to convince myself that it is all real and rational, and not some glimpse of fairyland" (146).

On his return to the East End, while walking with two elderly homeless men, he suddenly realises in disbelief and horror that they were not, as he thought, picking up cigar or



cigarette stumps, from the pavement, but tiny morsels of food:

Then I did notice. From the slimy sidewalk, they were picking up bits of orange peel, apple skin, and grape stems, and they were eating them. The pits of green gage plums they cracked between their teeth for the kernels inside. They picked up stray crumbs of bread the size of peas, apple cores so black and dirty one would not take them to be apple cores, and these things these two men took into their mouths, and chewed them, and swallowed them; and this, between six and seven o'clock in the evening of August 20, year of our Lord 1902, in the heart of the greatest, wealthiest, and most powerful empire the world has ever seen. (78)

And as they walked, they talked, all the time, of revolution.

Jack London was not the first to make an anthropological journey into this alien territory. Mayhew had already written *London Labour and the London Poor*, a Dickensian compendium, which catalogued in ethnographic detail the gradations of the lower classes from costermongers to prostitutes and the criminal classes. His study began by identifying the subjects as nomads as distinct from the settled, the civilised. These nomads were naturalised and essentialised as a race apart with different facial features, speech, tolerance of pain, and values.<sup>32</sup> In the same vein, in the 1890s, Charles Booth mapped, over fourteen years, the poverty of the city. As part of his huge project, he produced colour-coded maps, street by street, of poverty: a visual depiction of degrees of decay in the polis.<sup>33</sup> In the rich detail and individualisation of these studies, shifts from essentialisation of the poor to a recognition of a structural failure in society take place but the desire to

---

<sup>32</sup> Henry Mayhew, *London Labour and the London Poor*, vol. 1 (New York: Dover, 1968) 2. This laborously comprehensive classification of the lower classes was written between 1849 and 1862.

<sup>33</sup> Harold W. Pfautz, ed., *Charles Booth: On the City: Physical Pattern and Social Structure: Selected Writings* (Chicago and London: U of Chicago P, 1967) 75.

know and to communicate has another effect. The minute observations, the mapping, the stratification, the tabulation, and the counting produce something that is graspable and therefore containable. A desire to find out who they were, what motivated them, how they lived, how widespread they were, and how capable they were of organising themselves, in order to redress the inequities of the system, indicates a desire to know the worst, and reveals how very frightening this "Other" was.

At the same time, the Empire was posing another, but not unconnected, equally serious problem. Paradoxically, as an attempt, in the terms of Cecil Rhodes, to avert domestic civil war and retain the structures of the British way of life, the colonisation of India and the exploitation of China, and later, the development of Africa, had destroyed and were continuing to destroy the local and village life, causing upheaval and even disintegration in the most ancient and complex societies. Marx argued that in India, the British caused social revolution, and in China, the result of British activity was to dissolve the financial, moral, industrial, and political structures of the country. In the case of both vast nations, he pondered the consequences of Asiatic social dissolution on England and on Europe.<sup>34</sup>

The colony of Queensland, one of the white dominions of the Empire, was bound to England by reciprocal and complex ties. In 1892, after a period of prosperity, all of the Australian colonies (except Western Australia) were plunged in a frightening depression.

---

<sup>34</sup> Karl Marx, "The Indian Revolt," *New York Daily Tribune* 16 Sept. 1857; "The British Rule in India," *New York Daily Tribune* 25 June 1853; "Revolution in China and in Europe," *New York Daily Tribune* 14 June 1853 in *The Portable Karl Marx*, ed. and trans. Eugene Kamenka (New York and London: Penguin, 1983).

The experience of falling export income, bank failures, unemployment, drought, and industrial unrest converged in 1892, and the effects were felt for the rest of the decade. This depression followed a period of growth in the pastoral, building, and railway construction industries, all fuelled by British investment that seemed never ending. But British investors became less prepared to extend credit to the Australian colonies as colonial banks began to fold under the pressure of oversupply of land, falling prices, and constrained liquidity. In 1891, when Queensland went to the London Money Market to borrow 2.5 million pounds, the colony was able to borrow only three hundred thousand. Economic recession in Europe and America ensured that exports such as wool were sold at lower than expected prices. At the same time, the colonies experienced their worst drought on record.<sup>35</sup> Twenty-five to thirty per cent of skilled tradesmen were unemployed and even fewer unskilled labourers were able to find work (225). The plight of the unemployed in the colonies would not have been very different from that of the poor of London: "There was no dole, no pension, no child endowment, and no health scheme to assist them. Once a man's savings, if he had any, were exhausted, he and his family were totally dependent on private charity until he could find another job; 'the folorn and destitute workers are herding in alleys and lanes, or cowering in garret and cellar like hunted animals', reported the *Age* in 1892" (225).

The balance of available labour had also been upset by the continued immigration of workers. From the 1860s, the sugar industry had been making a significant contribution to

---

<sup>35</sup> F.K. Crowley, ed., *A New History of Australia* (Melbourne: William Heinemann, 1974) 227.

the Queensland economy.<sup>36</sup> As sugar-cane farming developed in the north of Queensland, the demand for coloured labour grew dramatically: by 1867, there were 1,237 employed, and in the first four months of 1868, 900 more were imported. By 1883, there were 11,443 Kanaka labourers in the colony. Samuel Griffith established a liberal government in 1884 on an anti-Kanaka platform.<sup>37</sup> He sponsored the *Pacific Islanders Act of 1885*, which, when it became legislation, was to end indentured labour by 1890. Then, in altered economic circumstances, Samuel Griffith joined forces with the Conservative, Sir Thomas MacIlwraith, to form a coalition government and produced one of the most dramatic about-faces ever to take place in Queensland politics by announcing the reintroduction of Kanaka labour in his 1892 *Manifesto*.

At the same time, the working class staged a series of strikes, which were eventually defeated, around the issue of non-union labour. The Maritime Strike in 1890 involved 50 000 men, and in May 1890, the Queensland Shearers' Union, in conjunction with the Brisbane wharf labourers, went to battle against the Darling Downs Pastoralists to force them to employ only union labour. The coal miners also joined in the strike demanding that only union labour ship their coal. The effects of these demands were felt in ports all over the world as union labour on the docks refused to unload non-union ships. One of the results of the Great Strike was the trial of 200 Queensland shearers for conspiracy,

---

<sup>36</sup> R Fitzgerald, *From the Dreaming to 1915: A History of Queensland* (St Lucia, Queensland: U of Queensland P, 1982).

<sup>37</sup> Fitzgerald 237.



intimidation, and riot (223). The mythology of this, including the burning of shearing sheds, arrests, and skirmishes with the police, was that the colony was brought to the brink of civil war. Out of the embers of the strikes in the colonies, some of the first labour movements in the world emerged. In June 1891, the Labour party, representing the working class in New South Wales, won thirty-five seats, enabling Sir Henry Parkes to hold office, and in 1899, in Queensland, the Dawson Labour Government came briefly to power, as the first Labour Government in the colonies and in the world. The working classes in the colonies had, through trial and error, discovered the means by which they could represent themselves. In addition, as the end of the century approached, the Australian colonies were going through a painful and protracted process of moving towards nationhood.

From the point of view of the British Imperialist project, the body politic in the dominions was experiencing disturbing upheavals. At the same time, the ancient civilisations of China and India were, in Marx's words, coming to "a violent end by the medium of England" (350). I will argue that when the trope of leprosy, an ancient, mysterious, and frustratingly enigmatic disease, replete with meaning and yet empirically evasive appeared in the colonies of the British Empire, it served to externalise fears of disorder and collapse on multiple fronts. These fears were not discrete and localised, but pandemic, interconnected and often mutually reinforcing.

In the colonies, leprosy evoked in a number of complex, and sometimes even inverted ways, the social disintegration that the colonisers had unleashed on the ancient civilisations of the East, the fears of physical degeneration and irrevocable destabilisations of identity for the colonisers who exposed themselves to such alien environments. It also embodied concerns about irreparable changes to the racial identity of the Anglo-Saxon peoples who settled in tropical lands.

When it reappeared in England, apparently brought back to the country by returning colonists, it epitomised fears for the stability of the body politic at home, especially in relation to the growing problem of the lower classes and their potential for civil unrest (drawing attention to the evidence of bodily degeneration that they already provided) and the subsequent threat of national degeneration and loss of vitality.

When leprosy appeared in the colony of Queensland, in addition to fears of white degeneration in the tropics, it confronted the administrators of the colony with an embodiment of the potential for the body politic to be corrupted by racial "difference" through miscegenation, and at the moment of Federation, the trope of leprosy was deployed to argue for a white Australia. Ironically, for the body politic in Britain, leprosy conjured the spectre of disintegration from within, in the decay of the working classes and the threat of class war; yet, in the body politic of the emerging Australian nation, the horror of the disease was mobilised by the working class to represent the national decay and corruption which would result from an external threat: Chinese, Kanaka, and other

forms of immigrant labour.

In *The Infections of Thomas de Quincey*, Barrell envisions a De Quincey terrorised by fear of "an unending and interlinked chain of infections from the East, which threatened to enter his system and to overthrow it, leaving him visibly and permanently 'compromised' and orientalised" (15). De Quincey's fears were envisaged as "The 'oriental leprosy', 'oriental cholera', 'oriental typhus fever', the 'plague of Cairo', the 'cancerous kisses' of the Egyptian crocodile": "the fear and hatred projected on to the East kept threatening to return in one such form or another ..."<sup>38</sup> These disease threats, metaphors for an orientalism which was perceived as threatening the vulnerable Imperial self, were irrevocably entangled with personal associations, guilt and fear. Queensland's reaction, at the end of the nineteenth century, can be seen to operate in the body politic in a manner similar to De Quincy's response: a disease which was perceived as quite literally "Oriental" in origin, but also with the potential to make utterly "Other," to Orientalise, was both symptom and catalyst of vast reservoirs of fear and anxiety in the society which organised itself to recognise, contain, and incarcerate it.

---

<sup>38</sup> Barrell 16.

## Chapter Two

### Leprosy: The Loathsome Disease

*There is hardly anything on earth, or between it and heaven, which has not been regarded as the cause of Leprosy; and this is but natural, since the less one knows, the more actively does his imagination work. And since all that was known of Leprosy was that it was a loathsome disease, search was made everywhere for a cause.<sup>1</sup>*

*Bacillus leprae* was shown, by G H Armauer Hansen, in 1873, to be the bacillus consistently present in the nodes of leprosy patients and the very first bacterium to be discovered in the human being.<sup>2</sup> But this was far from the last word on the disease; this entity would continue to puzzle histologists, pathologists, and clinicians even into the late twentieth century. Paradoxically, although it was the first bacillus to be identified, it has still not been isolated *in vitro* outside the human body.

This powerful and elusive bacterium, that had spread through mediaeval Europe, inexplicably disappearing and now, in the late nineteenth century reappearing to throw the colonial world into a panic, still defies researchers, and is more noted for its enigmas than for its scientific certainties. Medically, it is the aristocrat of diseases - the oldest, the most mysterious. Its effects depend more upon the reaction of the host than upon the action of

---

<sup>1</sup> G Armauer Hansen and Carl Looft, *Leprosy: in its Clinical and Pathological Aspects*, trans. Norman Walker (Bristol: John Wright, 1895) 86.

<sup>2</sup> Robert C Hastings, ed., *Leprosy* (New York: Longman, 1985) 32. Hansen published his findings "Causes of Leprosy," *Norwegian Medical Society* as part of his annual report for 1873 to the Norwegian Medical Society.



the invader.<sup>3</sup> Its stages and categories have always been subject to confusion and debate,<sup>4</sup>

---

<sup>3</sup> Dharmendra in Hastings "The various clinical manifestations in leprosy are the results of the variations in the tissue response of the host to the presence of leprosy bacilli in the body. In other words, they are determined by the host-parasite relationship" (88).

<sup>4</sup> A chapter in Hastings is devoted to shifts in classification which highlight a struggle between the need for both clinical and histological classifications. The extent of this ongoing reclassification process can only be appreciated by tracing some of its mutations.

The following changes in leprosy types have been proposed and adopted over the years:

Danielssen & Boeck (1848)	Nodular and Anesthetic
Hansen & Looft (1895)	Tuberosa(nodular) and Maculoanesthetic
Neisser (1903)	Lepra tuberosa, Lepra cutane, and Lepra nervorum
Jadassohn (1905)	Tuberculoid
Darier (1923)	
Wade (1934)	
Manila classification (Leonard Wood Memorial Conference)	Cutaneous, Neural, and Mixed
Cairo classification (International Leprosy Conference 1939)	Lepromatous Neural (neuromacular simple, neuromacular tuberculoid, neuro-anaesthetic)
Pan American Classification (Second Pan American Leprosy Conference, Rio de Janeiro 1946)	Lepromatous, Tuberculoid, Uncharacteristic
Havana Classification (International Leprosy Congress, Havana 1948)	Indeterminate instead of Uncharacteristic
World Health Organisation Expert Committee (1952)	Lepromatous Tuberculoid Borderline Indeterminate
Indian Association of Leprologists (All India Leprosy Workers Conference 1955)	Lepromatous Tuberculoid Maculoanesthetic Borderline Polyneuritic Indeterminate
Madrid Classification (International Leprosy Congress, Madrid 1953)	

and how it enters the body and is transmitted to others is still unknown. Its history is also shrouded in an uncertainty that is heightened by the confusion and debate surrounding its naming. Its progress within the body is still only partly understood. And it has managed to maintain its huge reputation by an economy of effort: by multiplying slowly, infecting only a few, it has taken to itself a surplus of signification. The mysteries that surround individual vulnerability to it, its onset and its progress, have been instrumental in contributing to its metaphoric power. Out of scarcity and absence, the disease leprosy, a catalogue of confusing and extremely difficult-to-distinguish symptoms that vary over time and according to the reaction of the afflicted individual, is "identified" as a bacterium that has yet to be cultivated alive outside its host and by a history of naming that is confusion-ridden and still fraught with disagreement. It is paradoxical that this most ancient disease

- 
- Lepromatous Type (L)
    - Macular
    - Diffuse
    - Infiltrated
    - Nodular
    - Neuritic, pure
  - Tuberculoid Type (T)
    - Macular (Tm)
    - Minor tuberculoid (Tt)
    - Major tuberculoid (TT)
    - Neuritic, pure (Tn)
  - Indeterminate Group (I)
    - Macular (Im)
    - Neuritic, pure (In)
  - Borderline (Dimorphous) Group (B)
    - Infiltrated
    - (Others ?)

Dharmendra concludes the discussion of variations in classification with a plea for appreciation of the different disciplinary requirements: "Much of the difficulty regarding the evolution of an agreed and universal system of clinical classification of these forms or manifestations has been caused by varying the importance given to the different criteria which should form the basis of classification ... the author would like to make a plea that the differences, whatever they may be, should not be unnecessarily magnified, and that efforts should be made to appreciate the different points of view" (98).

which stands as the basic metaphor for contagion in general in so many societies, but which has, relatively speaking, been contracted by so few, was the first *bacillus* to be "identified", but has resisted cultivation and has (and to some degree continues to have) a history of misrecognition and misnaming.<sup>5</sup> In the nineteenth century, the elusiveness of the slowly-multiplying *bacillus leprae* gave rise to debates that stretched into the early 1900s when sulphur drugs were discovered to have the ability to stem its progress.<sup>6</sup>

In their struggle to understand, contain, and control the disease, the medical men of the late nineteenth century mapped leprosy in order to investigate the enabling conditions for transmission. They constructed family trees to investigate transmission by inheritance; they recorded case studies to investigate transmission by contagion, inoculation, and vaccination; they searched for commonalities of transmission across race, gender, class, region, topography, diet, religious and denominational grouping, standards of personal hygiene, and morality. They mapped these commonalities country by country and colony by colony, looking for a pattern to prove their particular hypotheses.

The difficulties faced by microbiologists in isolating the bacterium alive, outside the human body, were exacerbated by a number of other uncertainties. It is customary when

---

<sup>5</sup> Enormously significant in this process is that final change to the disease, responsible for its apparent disappearance: its renaming as Hansen's disease. This process combined with the successful treatment of the disease and the closing of the leprosaria throughout the world resulted in another series of absences that would seem to indicate the gradual and actual disappearance of the disease. The World Health Organisation states that they aim to eradicate the disease by the end of the millennium, but a case can be made for the continuing presence of the disease in third world countries at a level comparable to that at the turn of the last century.

<sup>6</sup> That was not the end of the story. The bacillus has since developed immunity to a single penicillin drug and now has to be treated by multiple drug therapy.

writing about leprosy to preface the discussion with some sort of summary of what is known about the history of the disease; yet no such history can escape a ritual expression of the numerous readjustments and qualifications which arise out of its continuing metaphoric resonances. The difficulty in not being able to establish a comprehensive or satisfying naming system or stabilise leprosy's protean medical manifestations ensured its remaining a fertile source of speculation for medical historians and ethnographers. They could seldom be sure that, even if they used the same terminology, they were referring to the same disease or the same symptoms. As a result, the uncertainties intrinsic to any historical survey of the disease included debate about where the disease came from; at what period in history it emerged; how it might have spread throughout Europe; why it suddenly and seemingly disappeared, why it inexplicably re-emerged. Such uncertainties provided a rich field for reinterpretation, and various examinations of the disease reinterpret histories of leprosy in a manner that filters the "evidence" of the past through a sieve of contemporary concerns.

Formal medical knowledge available in the nineteenth century was derived from a Greek, variety of sources. In 1846, Francis Adams produced *The Seven Books of Paulus Aegineta*<sup>7</sup> which included a commentary on all medical and surgical knowledge and descriptions and remedies from the Romans,<sup>8</sup> Greeks,<sup>9</sup> and Arabians.<sup>10</sup> His contribution

---

<sup>7</sup> Francis Adams, *The Seven Books of Paulus Aegineta: Translated from the Greek with Commentary Embracing a Complete View of the Knowledge Possessed by the Greeks, Romans and Arabians on All Subjects Connected with Medicine and Surgery*, 3 vols. (London: Sydenham Society, 1846).

<sup>8</sup> Celsus, Pliny, Serenus Samonicus, Scribonius Largus, Caelius Aurelianus, Themison, Octavius Horatianus, Marcellus the Emperic.

to the multitude of meanings clustered the disease had accrued was to secure more tightly the completely erroneous and confusing connection between the disease and syphilis: "And here, by the way, we may be permitted to state that we have long been convinced that the syphilis of modern times is a modern form of the ancient elephantiasis" (14). But more importantly, another more immediate confusion around naming was apparent. In Paulus Aeginta "leprosy" is described as "spread(ing) over the skin more deeply in a circular form, throwing out scales which resemble those of fishes" (15). On the other hand, the section on "Elephantiasis," describes what is now known as leprosy. This confusion in naming - broadly a question of mistranslation - is well tabulated, and explanations for it constitute one of the customary rituals that are, of necessity, performed around any discussion of the disease. The Greek "elephantiasis" was mistakenly applied to another disease which affects the leg so that leprosy is, with hindsight, now distinguished as "Greek elephantiasis" or "true leprosy."

In 1875, Ferdinand Hebra and Moriz Kaposi's *On the Diseases of the Skin Including the Exanthemata* begins a discussion of leprosy with a litany of the names which identify the disease in various countries throughout the world.<sup>11</sup> They also note the variety of names

---

<sup>9</sup> Aretaeus, Plutarch, Galen, Oribasius, Aetius, Actuarius, Nonnus, Psellus, Leo, Myrepsus.

<sup>10</sup> Scrapion, Avenzoar, Albucasis, the Haly Abbas translated by Stephanus Antiochensis, Alsharavius, Rhases, and Guido de Cauliaco.

<sup>11</sup> Ferdinand Hebra and Moriz Kaposi, *On the Diseases of the Skin Including the Exanthemata*, ed. and trans. Waren Tay (London: The New Sydenham Society, 1875) 119. They gather together a litany of names: "Lepra Arabum, Elephantiasis Graecorum, Leprosy of the English, Spedalskhed of the Norwegians; Aussatz, Maltzey (of the Middle Ages), Limafalsk (Iceland), Malum mortuum, Malmorte (Salernitan school), Mal rouge (de Cayenne), Mal rosso, juzam (Arab.) Krimaskaia, Lepra taurica, Rosa asturiensis, Kushta (India), Fa-fung (China), Koban (Africa), Kokobay (West Indies), Ngerengere and Tuwhenna (New Zealand) Morbus Phoenicius, Morbus herculeus,



that have been descriptive of symptoms of the disease,<sup>12</sup> the confusion encountered in Adams, as well as that between the Hebrew *zaraath* and its misleading translation as *lepra*:

When, in the course of the 14th century, the writings of the Greek and Roman authors were again brought to light, and began to be studied in the original, it became evident that the nomenclature of lepra was involved in great confusion. The dangerous constitutional disease under discussion was called *Djudzam* by the Arabians, an expression which is still in vogue among the Persians, and was translated by the word "Lepra." It was now discovered that the lepra of the Hippocrates and the Greeks was a simple scaly disease and that whilst they had undoubtedly described the disease called *Djudzam* by the Arabians (of which the translation is lepra), they had given it the name "Elephantiasis." (125)

They then undertake the task of distinguishing between "Lepra Arabum-Elephantiasis Graecorum"; "Elephantiasis Arabum"; and "Lepra Graecorum" (125), terms which, they note, had been used indiscriminately to denote different diseases occurring in the same region or in the same individual, or used in place of some other skin afflictions including syphilis (126). Finally, Hebra and Kaposi note, almost any "rare, disfiguring, incurable, or exotic diseases" may have been diagnosed as leprosy, contributing to the confusion over in what precisely the disease might actually consist (127). As a result of persisting terminological and diagnostic confusions, regional comparisons and thus clear identification of the disease became even more difficult:

Owing to the conflicting views, everyone was quite at a loss to determine whether, and in what manner, certain diseases, supposed to be endemic, such as the Radesyge of Norway, the Morbus Dithmarscicus, the Sibbens of Scotland, the Falcadina of Istria, were connected with lepra. (127)

---

Satyriasis, Leontiasis (of the old Greeks), Zaraath (Hebrew), Morphoea, Spiloplaxia, Tyria &c., &c" (118).

<sup>12</sup> "Elephantiasis, Vitiligo, Alphos, Leuke, Melas" Hebra and Kaposi 121.

Hebra and Kaposi cite Danielssen and Boeck<sup>13</sup> as having supplied the first clear description of the pathology of the disease, and then supply a list of contemporary contributors to its study, who, within their individual limitations, demonstrate that the disease, which they describe, corresponds to that identified by Danielssen and Boeck (129). They are therefore empowered to draw a line in the sand in the mid-nineteenth century, and to state that this much is now known: "that wherever lepra exists, at the present time, it always presents the same characters, and that the lepra of all countries is identical" (131). In addition, they determine that differences in symptoms in various localities are not significant and do not represent different varieties of the disease.

Therefore,

in consequence of this discovery, all the names hitherto applied to the disease which are derived from its geographical position ... must be given up, and one designation, founded on the history of the disease, and which may be understood by the physicians of all countries, must be substituted for them, once for all. (131)

They then pronounce *Lepra* to be the name which they will use in future. So perhaps one uncertainty had been resolved. The elusive disease had at least been named, for the moment, apparently uniformly, and had been attached to a presumably universally recognised set of symptoms. Matters were not so easily resolved, however.

Another area of uncertainty noted by Hebra and Kaposi was that of definition:

Although the symptomatology of the lepra had now attained a scientific basis, a clear definition of the disease could never have been given, had not an effort been made to separate it from a whole series of affections which, in spite of the protests of many authors, were ever and anon surreptitiously placed in the same

---

<sup>13</sup> D C Danielssen and C M Boeck, *Traite de la Spedalskhed ou Elephantiasis de Grecs* (Bergen: D Bayer, 1847).

category.(131)

Apart from "the series of affections" which had to be excluded, such as "all sorts of chronic syphilitic and non-syphilitic processes accompanied with inflammation, thickening, ulceration, and deformity of the extremities" (134), there were differences in how the disease presented itself in people living in the same area or in groups in different areas: "Cases of it differ widely in regard to form, localisation, the organs of the tissues affected, in the order, combination, duration, and intensity of the symptoms, and in the extent to which the system is affected" (135). Different individuals were affected to different degrees over different time spans: "the time of appearance, the duration, or the severity of the symptoms, may give rise to variation, and many of them may remain of secondary importance, or be altogether absent" (135). In fact, there is a problem in identifying forms of lepra because "they often pass imperceptibly into one another, or combine together, and may all be met with at once on the same individual" (135). As a result, depending on who has seen what, at what particular point in the course of the disease, certain features of the disease could be emphasised over others. When Hebra and Kaposi proceed to a differential diagnosis, they must confess the limitations for a diagnosis created by this complex:

Considering the great variety which the symptoms of Lepra present in reference to seat, external appearance, the tissues or organ affected, stage and duration of the disease, &c., &c., we cannot undertake to give a short schematic statement of its characters, as a whole, which would be of any material aid in making a diagnosis. (179)

Nonetheless, they provide a detailed general symptomatology as well as descriptions of lepra tuberosa, lepra maculosa, and lepra anaesthetica, which they differentiate from

syphilis, lupus, sarcoma pigmentodes, and vitiligo. Finally, they conclude their discussion of the disease with a call to end the confusion: "Let us hope that the continued co-operation of many able investigators, such as hitherto have been at work in this direction, under the stimulus of science, governments, and philanthropy, will succeed in clearing up the mystery" (193).

Naming and describing leprosy was thus a complicated and subtle process vulnerable to mistakes and misinterpretations, a trail of which had already been generated and which needed to be retraced every time it was freshly encountered. Inevitably, at a material level, these mistakes and misinterpretations served to obscure and confuse diagnoses of leprosy, and, at the same time, served to compound the already charged symbolic resonance of the disease and the corresponding force and power of its myriad representations.

In addition to difficulties of naming and describing, there had always been uncertainty about how the disease was communicated. Contact with it is, in Aretaeus, as dangerous as with those who have the plague "as both are readily communicated by respiration".<sup>14</sup> In Haly Abbas, "it proves contagious by respiration" (13). For Alsaharavius, the disease "may be contracted, ... by an hereditary taint; ... by the use of corrupt food, such as the flesh of buck goats, cows, &c.; ... by contagion, through the medium of respiration" (13). For the translator of Rhases, it is both hereditary and contagious (14). Galen also suggests

---

<sup>14</sup> Adams 9.



that locale and diet influence the disease (9). Avicenna suggests that leprosy is caused by eating the "flesh of asses." Rogerius believes that it is contracted *per coition* (15).

In the time of the Greeks, Romans, and Arabians, the final blow for those who suffered from the mysterious disease that obliterated their physical appearance was their removal from society: they should be "...removed as far as possible from cities, and lodged in inland and cold situations, where there are few inhabitants" because "this affliction is one of those which are easily communicable, no less so than the plague." Such removal serves two purposes, "for they themselves will thus enjoy the use of more commodious air, and they will not communicate the evil to others" (5).

As processes of naming and describing continued to be obdurately difficult from ancient times through to the late nineteenth century so the effects of the disease on the body itself were observably protean. If leprosy resisted categorisation and containment, its bodily effects were similarly to dissolve and distort boundaries and fixed forms. The face, the extremities, the skin, the hair were all affected. The texture of the skin thickened and was covered with "hard tubercles" or became ulcerated. In Aretaeus, "Sometimes particular members, such as the nose, the feet, fingers, the whole hand, or the pudenda, will die and drop off." (9) In Galen, "the nose becomes flattened, the lips thick, and the ears extenuated" (9). In Actuarius, eyebrows and face shed their hair, the face is covered in tumours which distort its humanity, the eyes are altered, and the voice changes (11), while in Aetius, the whole body is overcome with a torpor, a slowing down in respiration and



digestion so that as the body changes. It "becomes increased in bulk, and is borne down by an intolerable sense of heaviness" (10). This effect of being drawn towards the earth marks a descent from humanity which is shown by a tendency of those affected to "shun the haunts of men" (10).

The Greeks developed a metaphoric repertoire that expressed this dissolution of boundaries and its erosion of the characteristically "human." Aretaeus writes that the disease is called "*elephas* ... from its magnitude, *leontium* or *morbus leoninus*, from the supposed resemblance of the eyebrows to those of the lion; and *satyriasis*, from the venereal desires with which it is attended" (8). Al-Saharavi, an Arabian writer, categorised varieties of *lepra*: *leonina*, *elephantia*, *serpentina*, and *vulpina*. Adams commented that, following Al-Saharavi, the "earliest of our modern writers on medicine" described four varieties: *elephantia*, *leonina*, *alopecia*, and *tyria* (14). At this point, the ravages of the disease became coded as metamorphoses - a degenerative descent from human to animal, including a moral descent, into uncontrollable venery. For Aetius, the disease was accompanied by a "strong venereal appetite" (10). For Galen, the whole appearance of the victim resembled "that of a satyr" (10).

The elusive aspects of the disease - its identity and its effects - contributed to the proliferation of associations. The disease had a fearsome reputation. Paulus Aegineta did not mince words, writing that: "Well, in my opinion, did Aretaeus the Cappadocian say, that the power of remedies ought to be greater than those of diseases; and that for this

reason elephantiasis is incurable, because it is impossible to find a medicine more powerful than it ... It is a cancer of the whole body"; nonetheless, "we must attempt a cure."<sup>15</sup>

It was also described as a cunning predator: "escaping notice at first, being deep-seated and preying upon the vitals ..." (8). For Aetius, it is "insidious, for it begins in a concealed manner internally, and does not make its appearance upon the skin until it is confirmed" (10). In Hebra and Kaposi, the arbitrary and leisurely pace of the disease is evident. They preface an examination of special symptomatology of *lepra tuberosa* with the following sentence: "After the prodromal symptoms mentioned have existed for years, months, or only a short time, or, in rare instances, have not been present at all, maculae or tubercles, or both at the same time, make their appearance upon the skin" (139). And later: "Years may elapse during which the disease is only manifested by the coming and going of the patches, and by the transformations referred to as observable in them" (141). In Paulus Aeginta, the only chance for those just beginning to be overpowered by the disease was to attempt to overcome it by "burning the head" (1-2). As a counter to what took all identities to itself yet simultaneously had the power to dissolve identity, burning the head seems an appropriate response - beat it at its own game. The ability of the disease to obliterate the boundaries of individual or even human identity thus added to leprosy's protean character and ensured its pandemic metaphoric potency.

---

<sup>15</sup> Adams 1. In Paulus Aeginta, in Adams, regimes which governed what entered or left the body and bathing and anointing were recommended: purging and vomiting in the appropriate seasons, draughts before meals, the flesh of vipers boiled in white broth (3), massage with the grease of a boar, wolf or goat (3), eating barley bread, potherbs, beet, lettuce radish, leeks, cabbage and capers, and natural sea baths (5).

Most narratives about leprosy tell of its "inexplicable" disappearance from Europe towards the end of the Middle Ages, but few deal with its equally mysterious reappearance in the colonies in the mid-nineteenth century.<sup>16</sup> Gussow argues that the diagnosis of leprosy creates its own momentum so that medical awareness of its presence contributes to its "contagious" ability.<sup>17</sup> Nonetheless, before Hansen's discovery of the bacterium in 1873, and before the death of Father Damien at Molokai in Hawaii in 1890, leprosy began again to be perceived to be a matter of concern. One of the key indicators of this concern was *The Report on Leprosy by the Royal College of Physicians*<sup>18</sup> in 1867. Its conservatism and its reluctance to declare that the disease was contagious and that those with the disease should be segregated from society marks it as out of step with the debate that was to follow. There had obviously been enough concern about the disease to warrant a report. Governor-in-Chief of the Windward Isles, James Walker, had suggested in a letter to the College, on February 19, 1862, that reports from the colonies be gathered together on the "character and progress of the disease of leprosy."<sup>19</sup> He expressed concern about the

---

<sup>16</sup> The disease had actually maintained its presence in Sweden and Norway into the early nineteenth century and in the Shetlands until 1778 bridging the gap between its "disappearance" and "reappearance." Equally, the actual extent of the disease in Mediaeval Europe is also subject to scholarly debate. Rogers, commenting on the degree of prevalence of leprosy during this time, writes that "It is difficult to estimate and has been the subject of much controversy, largely based on the number of leper houses and cases in them of which any record has survived. Exaggerated statements regarding the number of leper houses, such as 2 000 in France, have sometimes gained credence but have been discredited ... The great dread of the disease in those days, which indeed exists to the present day, doubtless led to exaggeration regarding its prevalence."

<sup>17</sup> Gussow, Zachary, *Leprosy, Racism, and Public Health: Social Policy in Chronic Disease Control* (San Francisco and London: Westview Press, 1989) 23-4 and 53.

<sup>18</sup> *Report on Leprosy by the Royal College of Physicians, Prepared for, and Published by Her Majesty's Secretary of State for the Colonies with an Appendix* (London: W H Allen, 1867).

<sup>19</sup> *Report of the College* a2.

disease in the West Indies:

I regret to state that this fearful malady is on the increase in these Colonies. Its loathsome character deprives it of all the private and much of the professional interest which is seldom wanting in other forms of the disease, and may have in some measure reconciled people to the prevalent belief that it is incurable. (2)

He suggests that a survey of how the disease has progressed, how it is treated, what success has been achieved in its treatment, and under what regulations people with the disease are gathered together could be disseminated to all the colonies "for our study and guidance" (2). The survey was conducted by sending out a series of interrogatories to the colonies and related areas where leprosy may have been prevalent.<sup>20</sup>

There were seventeen questions. Respondents were asked if leprosy was known in their colony; to describe it as it occurred there; to enumerate its forms or outward manifestations; to give an opinion as to whether there were only varieties of the one disease or if there were distinct diseases; to describe the distinguishing characteristics of each form; to generalise about the age and the time of life at which the symptoms of the disease, its full development, and its most fatal stage became apparent; to generalise about its prevalence with respect to sex, race, and social group; to describe the topographical character of the place, and the sanitary conditions where it is prevalent; to describe the habits of the afflicted, their diet, occupations, and any conditions or circumstances of life

---

<sup>20</sup> Forty responses were received from the following: New Brunswick, Bermuda, Bahamas, Jamaica, Tortola, St Kitts, Nevis, Montserrat, Antigua, Dominica, St Lucia, St Vincent, Barbadoes, Grenada, Tobago, Trinidad, British Guiana, Cape of Good Hope, Sierra Leone, Tangiers (Tunis, Tripoli, Bengazi, Cairo), Jerusalem (Caiffa), Beyrout (Cyprus), Damascus, Aleppo, Rhodes, Smyra (Scio, Mytellene, Samos), Crete, Ionian Islands (Corfu), Salonica, Monastir (Bosnia Serai, Bucharest, Varna), Dardanelles (Brussa, Samsoun), Constantinople, Tarbreez, China, Japan (Hong Kong, Canton, Shanghae, New Chwang, Kin-Kiang, Kana Gawa, Formosa) Australia (Victoria, New South Wales), Mauritius, Ceylon, Madras Presidency, Bombay Presidency, Bengal Presidency.

that would seem to aggravate the disease; to suggest if they considered that it was hereditary, related to yaws, syphilis, or any other disease, and if they knew of instances where it had been communicated by contagion or by sexual intercourse; to note whether the afflicted were permitted to mix with others in the colony; to indicate what public provision was made for the reception and treatment of those with the disease who were poor; to estimate how long it had been in the colony, and if they had observed any results from hygienic, dietetic, and medical treatment, or if they had any cures to report; and finally, to estimate the proportion of leprosy patients in the overall population of the colony.

The reports from the various colonies indicate the diversity of opinions and responses to the disease consistent with the continuing confusions in nomenclature, description, diagnosis, and aetiology of the disease that I have already described. The report contains several sections. The first is organised around the questions, listing the responses of the doctors from each colony to each question. The second section of the report provides the conclusions of the committee on each question. The third contains the text of the responses from the colonies, colony by colony. The final section is an appendix of correspondence between the governors of the various colonies in response to the request for information, miscellaneous information from various colonies, and a note on leprosy in scripture, concluding with an article by Erasmus Wilson, "Observations on the True Leprosy or Elephantiasis, with Cases."



The College formulated conclusions in response to all of the questions.<sup>21</sup> Their most

---

<sup>21</sup> The report concludes, on the basis of the information supplied to it that "the distinctive characters of leprosy are the same in all parts of the world," two forms of which are recognised. They make moves to clarify naming: instead of "tubercular" or "tuberculous" and "anaesthetic," the report proposes to distinguish only "tuberculated" and the "non-tuberculated" because of the possible confusion with tuberculosis as well as the difficulty in marking out forms of the disease in which anaesthesia occurs in isolation. They add "As, however, these forms not unfrequently co-exist, or succeed one another in the same patient, they must be regarded as modifications of the one morbid condition." They caution that the term leprosy is applied ignorantly and erroneously to many diseases, and they note the confusion between leprosy and elephantiasis.

In response to the questions about age, length of time the disease takes to run its course, gender, race, and class, they draw the following conclusions: The disease is not restricted to any period of life, but often appears at about the same time as puberty (lxiv). They describe the symptoms at the onset of the disease and as it progresses. They express uncertainty about the length of time that the disease takes to run its course depending upon the age of the person when the disease first takes its hold. They suggest anything from five to twenty years remarking that lepers seldom die of leprosy but from some other "intercurrent disease", fever, or often from kidney disease, and often "The too common destitution and neglect of the sufferers greatly aggravate both the liability to the above maladies and the danger of their occurrence" (lxvi). They suggest that the disease is more frequent in males than females, but this may be due to the widespread seclusion of women. They conclude that the disease appears more frequently amongst "the dark" population and also amongst those born in the country, or amongst those who live where the disease is endemic (lxvi). They take at face value the conclusions from countries such as South Africa who rank Hottentots, negroes, and lastly white natives (lxvi) as susceptible in that order, and they suggest that "Whether, and to what extent, the members of the Jewish nation are more liable to the disease than other similarly conditioned races are points requiring further investigation" (lxvi). They also conclude that the disease is most prevalent amongst the "lowest and poorest of the people" (lxvi), but no class is exempt.

They also conclude that the disease is found in "low and malarial districts, especially on or near the sea-shore," but it is also found in the mountains. They suggest a strong correlation between levels of personal hygiene and disease occurrences.

The personal uncleanness of the sufferers is on a par with the filthiness of their abodes. Ablution of the body seems to be seldom or ever thought of, so that the skin is often encrusted with the impurities of years. Their clothing too, equally foul, is seldom taken off by night or by day, and is kept on as long as it will hold together. (lxvii)

The food of "the classes affected with leprosy," especially a salted fish diet, is also connected with the disease. They then conclude that factors contributing to the disease are

unwholesome and insufficient diet, exposure to atmospheric vicissitudes without sufficient clothing, residence in foul, damp dwellings, and the neglect of personal cleanliness serve to aggravate the disease and to accelerate its progress. (lxvi)

Generally, they suggest that "Intemperance, sexual excesses, and whatever tends to lower the vital energies and to impoverish or deteriorate the blood are always hurtful." (lxvii)

On the issue of hereditary transmission of the disease, they conclude that "There is an almost unanimous concurrence of opinion that leprosy is hereditary", but that it also appears in those for whom no hereditary connection can be demonstrated. Children do not necessarily get the disease, and if they do, it is not always the same form which the parents have.

controversial conclusion concerned the contagiousness of the disease: "The all but unanimous conviction of the most experienced observers in different parts of the world is quite opposed to the belief that leprosy is contagious or communicable by proximity or

---

As a disease, they conclude that leprosy exists in its own right and has no connection with other diseases although some suggest that "leprosy may be excited by the poison of syphilis." They note that the leprosy can be mistaken for some "venereal tuberculated affections" because of similarity in "outward characters". (lxviii), that yaws and leprosy seldom occur in the same countries, and that scrofula and leprosy are considered by some to be "allied or congenerous diseases" (lxviii).

The best results for treating those with the disease resulted from improving the hygiene, and the physical and moral conditions "of the leprous poor". No other treatment was successful, including the use *chaulmoogra odorata* and especially mercury.

Medicinal treatment is universally admitted to be of no avail unless combined with the regular use of a nutritive unstimulating diet, suitable clothing, protection against the vicissitudes of weather, personal cleanliness, and exercise in the open air. (lxxi)

They conclude that

"The evidence is all but unanimous that leprosy very rarely, if ever, manifests any tendency to a spontaneous cure. ... It is apparent, however, that the progress of the disease may often experience a marked retardation or arrest when the patient is maintained in a hygienic condition." (lxxii)

In attempting to estimate the proportion of those affected to the general population, the report must rely on the census taken in most of the British colonies in 1861, and because of the variations or lack of system in recording births and deaths, it cannot provide any statistical results.

In their list of countries and districts where the disease is currently unknown, they include Queensland. Any cases occurring in Britain "have occurred in persons who either had been born in one of our tropical possessions, or had been long resident there" (lxxiv). They express concern with the disease in the "many distant dependencies of the British empire" especially considering the "inevitable destitution and mendicancy that attend its existence." They call for its "thorough investigation" as "a matter of special duty on the part of the Government of this country" (lxxiv). Their overall conclusion is that it is a "constitutional disorder, indicative of a cachexia or depraved condition of the general system" and the "hope of extirpating the malady amid a people must rest mainly on the adoption of measures for ameliorating their general health and amending their physical condition..." (lxxiv) This conclusion is supported by a summary of the course that the disease took in England in the Middle Ages. This then leads to the suggestion that the improvement of the living conditions of those in India stemming from colonisation will inevitably contribute to a decline in the disease:

... a marked change in the habits of the native population will ensue upon the increase of diverse industries, the improved cultivation of the land, the less frequent recurrence of famines, and the consequent amelioration of their general condition from year to year, and that better food, better clothing, and better housing, with greater personal cleanliness, will lead to the abatement of leprosy, may be confidently anticipated. (lxxv)

contact with the diseased" (Ixix). So they are not quick to recommend legislated seclusion of victims:

In many countries, including some British colonies, the slightest ascertained taint of the malady carries with it a compulsory seclusion tantamount to banishment from the rest of the community, or even to perpetual detention in a lazaret. Where an enactment to this effect exists, it has been found extremely difficult, and often scarcely possible, to enforce its provisions for the complete separation of the diseased. (Ixix)

And there were differences in opinion as to whether the disease was on the increase or not: "From the general want of trustworthy statistical data, no accurate conclusion can be formed as to the increase or diminution of the malady of recent years" (lxxi).

Erasmus Wilson's case studies appended to the report are of eighteen Europeans and one native of Hindustan who had all lived in either India, Ceylon, Mauritius, or the West Indies.<sup>22</sup> Each emerges as a narrative of diseased bodies charted over time and categorised according to race, gender, age, pursuit, and predecessors. These cases (along with a number of others) were circulated and recirculated in the debates about the disease which took place after the release of the report and up until the turn of the century.<sup>23</sup> All are Europeans, except one, and all from the colonies: a sixteen year old boy, born in Ceylon and vaccinated, for smallpox, with attenuated bacteria from a native child; his older brother; a young man of seventeen years, born in Bombay; a 21 year old male, born

---

<sup>22</sup> Erasmus Wilson, "Observations on the True Leprosy or Elephantiasis, with Cases," *The Report*, 231-44.

<sup>23</sup> Wilson prefaces his accounts of the individual cases with a summary of the enabling conditions for the disease along with a discussion of the difference between leprosy and syphilis. From his observation of the cases, living in countries in which the disease is endemic "predisposes to its attack, while birth in an infected country takes the place of long residence."

in Jamaica; a young woman who had been living in Mauritius; a 43 year old captain in the Indian army; a 60 year old man "in the judicial service of India" who had lived in the East for nearly 20 years; a captain in the Indian army; a 60 year old colonel who had lived in the West Indies; a 26 year old wife of an officer in the Indian army; a 19 year old Hindostan woman; a young medical officer in the Indian army who had originally contracted syphilis; and "one of the chiefs of the Bengal medical establishment" (242) who had lived in India for 40 years; a merchant in Mauritius for 29 years.

The collective effect of the descriptions of the symptoms of these cases is of a metamorphosis in disposition as well as physical appearance - a degenerative descent in which they are poised on the boundary between what constitutes a human being and something else. A mother notes alterations in "the appearance of (a child's) countenance" (235) and a change in behaviour: "He shunned amusements; was fond of sitting alone and secluding himself" (235); the features of another developed changes which "gave an occasional gleam of savageness to his countenance" (237); another's vital functions seem to slow down to the extent that she experienced "coldness of extremities ... and a certain listlessness, heaviness, sleepiness, and indisposition for exertion of every kind" (238). Another was "listless and dull in his manner" (238) and yet another was "dejected, listless, and melancholy," unable to sleep at night and sitting for hours during the day "without occupation and without attempting to make any exertion" (238).

Their faces and their skin were altered to "pallid," "yellowish brown," "reddish brown," "leaden or purplish." The features were "spread out," "enlarged and flattened." The skin became covered in spots which changed from "beautiful pink" to "purple" and finally "dirty brown." It shone as if it were greasy. On the face, the skin thickened around the eyebrows, nose, lips, chin and ears giving the face "a frowning and dejected expression" (237). Facial hair fell out. In one case, the skin was "yellowish brown with a purplish almost livid blush" and "the brow was heavy and frowning, the eye sunken, anaemic, and glistening, and the general expression of features listless and melancholic" (237). Another looked like a Satyr

His features were large and of a deep red-brown or copper colour; the forehead was deeply wrinkled and studded with tubercles; two of the tubercles at the upper angles of the forehead resembling young horns; the brow was thickened, heavy, frowning and deprived of hair; the eyes suffused with redness ... The voice was hoarse and sonorous ... (239).

Another begins to look like "a native"

From his infancy he was somewhat darker in complexion than his brother and sister ... but during the last few years, and especially the last twelve months, has become swarthy, and at present is darker than a native of India ... (240).

Ability to speak deteriorated. The hands and feet altered, the bones retracting so that the shape was lost; for example,

(he) had lost a phalanx from the little finger of one of his hands, the rest of the fingers were bent in different directions and the hands distorted. He was unable to use his hands and was incapable of walking. (244)

Evidently all Europeans at the outskirts of Empire were potentially in peril. Children, young men, young women, and old and distinguished men were not safe from becoming animal, becoming native, becoming afflicted with leprosy: and such threats of atavistic



reversion and racial degeneration were embodied in the figure of the leper. By implication, the price to be paid for venturing away from "home" was loss of the defining characteristics that gave one entry into society and established one's social, racial, and imperial identity. The marks of leprosy heralded a lingering process of dying in which one's vitality was lessened in agonisingly incremental degrees.

If, as Gilman argues, the representations of a disease provide insight into the sense of loss of control in a society, then the rich storehouse of stereotypes offered by leprosy towards the end of the nineteenth century must indicate a genuine moment of Imperial anxiety during which the integration of the identity of the group was subjected to stress. Fear about illness and the corruption of the self, in the form of leprosy, was projected onto others so that the colonial world was "seen as both corrupt and corrupting, polluted and polluting" (23). Leprosy's representation as bringing about a metamorphosis in the bodies of colonisers dramatically externalised anxieties about living in tropical climates and mixing with peoples of other races. The disease was represented in such a way that it increasingly embodied a collective uneasiness associated with the colonising project in general.

I intend to argue that after the advent of germ theory, leprosy became increasingly represented as one of the most disturbing threats to the Empire - a threat that had the potential to revisit the European continent in the same way that it had in the mediaeval period. De Quincey's "oriental leprosy" became a metaphor for the contamination of the

racial purity of the colonisers. Leprosy as a disease threatened to metamorphose the body of the coloniser; leprosy as a metaphor embodied degeneration in the body politic of the race, in the Empire, and, most immediately, England. Those aspects of the disease that were as yet unknown, uncertain, or confusing, and the metaphors of the disease which represented it as embodying the assault upon the body politic were intrinsically interwoven. The signification of one heightened the signification of the other in an increasing intensity, to the extent that the 1867 Report, which found that there was no evidence to indicate an increase in leprosy in the colonies at all, could be simply swept aside and denigrated as irresponsible.

## Chapter Three

### Invading Microbes: the Germ Theory of Disease

In *The Pasteurisation of France*, Bruno Latour traces a process in which a microbe, anthrax, is discovered, the vaccine to deal with it is produced, and a place of integrity is won for microbiologists.<sup>1</sup> But Hansen's observations and naming of the *bacillus lepra* produced quite different social and political effects. It became increasingly evident that a vaccine was not going to be produced - in fact, isolating the bacterium away from the body seemed to present an impossible task. During the 1891 Leprosy Commission's investigation of the disease in India, reports that the doctors had isolated the bacteria *in vitro*, outside the human body, were eagerly received in England and published in instalments in the medical journals.<sup>2</sup> "We have succeeded in isolating and cultivating from leprosy tissues, removed under all aseptic precautions *intra vitam*, a bacillus which may fairly claim to be the true bacillus of leprosy" (1222), and later they called it "our bacillus."<sup>3</sup> But to the embarrassment of the Commission, their announcement was premature. As a result, everyone was apparently confronted with a bacterium "at large," on the rampage, invisible in its onset, not even presenting symptoms until well after it had "taken hold" slowly but inevitably. Evading the microbiologists, it continued to terrify the Empire.

---

<sup>1</sup> Bruno Latour, *The Pasteurization of France*, trans. Alan Sheridan and John Law (Cambridge Massachusetts and London, England: Harvard UP, 1988).

<sup>2</sup> A. A. Kanthack and Surgeon Major Barclay, "Apparently Successful Cultivation of the Bacillus Leprae," *British Medical Journal* 6 June 1891: 1222. "The Bacillus of Leprosy" *Lancet* 20 June 1891: 1397 which stated that Drs Rake and Buckmaster have succeeded in cultivating the leprosy bacillus in serum."

<sup>3</sup> A.A. Kanthack and Surgeon-Major Barclay, "The Cultivation of the Leprosy Bacillus," *British Medical Journal* 20 June 1891: 1330.

Before germ theory was widely accepted, the communication of disease had been understood to take place either by infection or by contagion. Disease originated from "tinder" or a spark in the atmosphere which colluded with the disease by acting as its conduit. In the form of miasmas, vapours were exhaled or expelled from any unhealthy animal or human body. They lurked around bodies that teetered on the boundary between life and death or at the boundary between recognisable physicality and decomposition: "Breath, saliva, sweat, urine and excrement, or rather all the excretions" mixed with miasmas. They were the result of fermentation, but they behaved like malevolent spirits: "They spread into the atmosphere, fly about in it for a long time, remain undecomposed for a long time, especially in stagnant, enclosed air, and thereby gain in intensity." As such, they have their limitations: "They cling to every surface, but they can spread to human beings only in the dissolved, vaporlike state, and only through the skin, through the respiration and deglutitive organs."<sup>4</sup>

Miasma had been understood to affect those who were already weakened or were especially sensitive to infection; in contrast, contagious disease, an intensification of miasma, attacked the healthy as well as the weak: "The human organism bends under the force of the contagions, they impregnate the entire body, be it ever so healthy, and give its vitality a certain alien direction" (443). Precautions against contagion could not be too stringent:

---

<sup>4</sup> Johann Peter Frank, *A System of Complete Medical Police*, ed. Erna Lesky (Baltimore, Maryland: Johns Hopkins UP, 1788) 441.

If the sickroom is so much filled with contagions, they adhere not only to the walls of the room, penetrate not only into the corners and gaps, but they also infect all the effects and utensils and adhere to everything that the sick person used and was in contact with him and with his miasma range. Therefore, if rooms in which contagious sick lay, or such convalescents live, are not aired properly and long enough, cleaned and whitewashed, the poison remains for years, and may communicate the disease to later inhabitants. (444)

Contagion has been identified as one of the master narratives of the nineteenth century. It could be used to express such diverse activities as the passage of ideas, impressions, feelings, influences, dangers of class contiguity, and interracial conflict.<sup>5</sup> Generally contagion has been taken to mean the pollution, tainting, or spoiling of something by direct contact with something else. The demonisation of contagion coloured contagion's imagined effects. Fletcher notes a history of "a predisposition to explain contagious diseases by spiritualist, demonological systems running parallel to the true theory of physical contagion."<sup>6</sup> Contagious disease was a malevolent spirit that travelled in the air, lurking, growing in intensity, clinging to the walls like ectoplasm; epidemics resulted from contagion, infection resulted from miasma.<sup>7</sup>

Thus, before the introduction of germ theory, disease had already been demonised, and high walls and deep moats might just suffice to keep it out. It could only be contained by quarantine: "It is one of the foremost tasks of the state to prevent persons or animals,

---

<sup>5</sup> Athena Vrettos, *Somatic Fictions: Imagining Illness in Victorian Culture* (Stanford California: Stanford UP, 1995) 178.

<sup>6</sup> Angus Fletcher, *Allegory: The Theory of a Symbolic Mode* (Ithaca and London: Cornell UP, 1964) 201.

<sup>7</sup> Frank 442.



goods, and all objects to which or whom contagions cling from entering the country".<sup>8</sup>

The ideal quarantine station was "High-lying and dry," and surrounded by a high wall which in turn was circled by a wide, deep, and distant moat" (448) - a literal and spiritual fortress which functioned to sever the connection between the communicating agent and its potential victims. It is a "completely isolated" place where "persons, animals, goods" who come from or have been near "countries where contagious feverish diseases rage" are "received, cleaned, and disinfected, and observed and kept as long as is necessary in order that [the receiving country is] convinced of their healthy state" (448). Separation and isolation, the protection of the uncontaminated from the contaminating, or the pure from the impure was the only defence against contagion:

The classic response to contagion is to isolate those who have caught the disease. ... The same procedure of isolation is followed with those who are in any way suspected of being unclean ... and the strongest prohibitions are laid down by primitive societies to keep the unclean person from coming into contact with others who are not thus violated.<sup>9</sup>

The ability of contagious disease to make the pure impure was frequently figured as a raging fire combusting from an unseen tinder in the atmosphere. It was stinking fermentation exuded from dying and decaying bodies and rising, at night, in a fine vapour from swamps and poisoned earth, like an evil spirit; it was barely controllable.

This disembodied entity, disease, insinuated itself increasingly and more specifically into the material form of the body by the end of the nineteenth century; but at the same time, it

---

<sup>8</sup> Frank 446.

<sup>9</sup> Fletcher 209.

became infused more firmly than ever before with moral connotations. The emergence of germ theory marked the beginnings of the representation of the disease organism as a living, parasitic invader which, in a multitude of different forms, penetrated the body so that its innermost recesses became the unseen stage for a battle that took place at the microscopic level. The outcome of the battle against this unwelcome penetration depended as much on the moral and physical vigilance of the individual as on any sort of medical intervention, and on the separation of the pure from the impurity of the contaminating agent. The body was to be kept "whole," an untorn garment, so as to prevent disease from entering.<sup>10</sup>

Self-governance according to a specific moral code was essential defence against this invasion. The health of the mind governed the health of the body; a healthy body was in step with a Protestant work ethic, and the exercise of the mind was directed towards the highest ethical ideals. The healthy body was imagined as an organic unity or as a well-tuned machine: it thrilled to the rhythms of the created universe, for a man was healthy

when his blood is in harmony with the ceaseless activities of nature; when his body is warm with the soft kiss of air, his muscles vigorous with hearty toil, his brain fertile in wise and generous thoughts, his heart glowing with generous purposes. When a man lives most out of himself, then does he truly live ... The living body should thrill with every thrill of the wide earth, as the aspen leaf trembles in the tremulous air.<sup>11</sup>

The state of the body affected the health of the mind, which in turn influenced the health

---

<sup>10</sup> Fletcher 210.

<sup>11</sup> James Hinton, "Health," *Cornhill* 3 (1861): 333, in Bruce Haley, *The Healthy Body in Victorian Culture* (Cambridge, Massachusetts and London, England: Harvard UP, 1978) 20.

of the spirit: "The well-knit body" and "the well-formed mind" combined, reflecting each other so that spiritual health was understood as "the harmony of the self with external principles of growth and order." Haley writes that "Total health or wholeness - *mens sana in corpore sano* - was a dominant concept" in the Victorian period (4).

The workings of the body were more intensely than ever imagined in terms responsive to principles of unity and regularity that were simultaneously faithful to medical biology:

The body is constituted by the union of the circulatory, respiratory, assimilative, secerning, muscular, and nervous systems, which all act together, under laws, with apparatus peculiar to each, and equally marvellous in all, for the purpose of rearing up and maintaining a complication of organized machinery pervaded and preserved by one life, and actuated by one soul.<sup>12</sup>

The economic value invested in health drew on the moral values assigned to work. Good health enabled man to "pursue his calling, and work on in his working life, with the greatest comfort to himself and usefulness to his fellow-men."<sup>13</sup>

The health of the nation took on economic and moral significance: in fact, "political and economic issues were displaced onto more immediate questions of physiology," to the extent that health became a national spectacle.<sup>14</sup> In *The Health of the State*, George Newman claimed that the physical health of the people was "the primary asset of the

---

<sup>12</sup> George Moore, *The Use of the Body in Relation to the Mind* (London: Longman Brown, Green, 1846) 255 in Haley 20.

<sup>13</sup> Archibald Maclaren, *A System of Physical Education, Theoretical and Practical* (Oxford: Clarendon P, 1869) 24 in Haley 20.

<sup>14</sup> Vrettos 160-175.

British Empire and the necessary basis of that type of social and moral reform which has for its end 'the creation of a higher type of man.'<sup>15</sup> Vrettos suggests that "In the discourses of empire, representations of physical health provided symbolic affirmations of national and racial identity."<sup>16</sup> The body became a hermeneutic category - a way of reading the health of the nation in relation to other nations.

Then, "in these last years of the century the framework of society was redefined in order to make room for the microbes."<sup>17</sup> The discoveries of the nineteenth century opened up a huge gap between medical practices in living memory and those appropriate in the light of the new knowledges. The dramatic difference in the understanding of disease can be seen in the difference between lectures to medical students in 1824 and those in 1891. In 1824, illness was still understood in terms of the variety of fevers to which the body was subject, as manifestations of disturbance in the temperature of the body and increases in the volume and rate of the flow of blood through the veins;<sup>18</sup> in 1891, inflammation or fever was understood as the response to the activity of invasive microphytes.<sup>19</sup>

---

<sup>15</sup> Jose Harris, *Private Lives, Public Spirit: A Social History of Britain 1870-1917* (England: Penguin, 1994) 60.

<sup>16</sup> Vrettos 154.

<sup>17</sup> Latour 103.

<sup>18</sup> *Lectures on the Principles and Practice of Physic, by Dr Armstrong*. Theatre of Anatomy, Webb Street, "Lancet Oct. 16 1824; Nov. 29 1824; Dec. 18 1824.

<sup>19</sup> *Lancet* Nov. 7 1891: 1027. Its action was understood as analogous to the action attributed to contagium, but contagium was now acknowledged as "living microphytes."

At the same time, the connotations attached to these older ways of understanding how disease was communicated persisted, underpinning contemporary theories with older metaphoric resonances and serving to make sense of the changes in medical thought. The idea of germs was not new. In the late fifteenth century Fracasterius of Verona hypothesised an etiology of "germs" as specific chemical, transmissible, self-propagating entities, varying in power of "persistence and invasiveness," spread from person to person by direct contact, and capable, in the right atmospheric and astrological conditions, of producing pandemics.<sup>20</sup> In addition, Nancy Tomes points out that there were "striking similarities between traditional fears of malign spirits and the new views of the germ,"<sup>21</sup> for people had always believed in an "'invisible world' dominated by unseen forces that held the power of life and death." Canetti wrote that, since that time, the invisible crowd of demons have "become much smaller still," until "greatly changed, and in even larger numbers ... they turn up again in the nineteenth century as *bacilli*. Instead of the souls, they now attack the bodies of men ..."<sup>22</sup>

This demonisation of disease persisted to the extent that nothing of the ideas of disease as malign and invasive was lost; rather these connotations were intensified and specified, and the representation of leprosy, already freighted within metaphors of bodily boundary

---

<sup>20</sup> W. Harding Le Riche and Jean Muller, *Epidemiology as Medical Ecology* (Edinburgh and London: Churchill Livingstone, 1971) 8-9.

<sup>21</sup> Nancy Tomes, *The Gospel of Germs: Men Women, and the Microbe in American Life* (Cambridge, Massachusetts and London, England: Harvard UP, 1998) 7.

<sup>22</sup> Elias Canetti, *Crowds and Power*, trans. Carol Stewart (London: Penguin, 1973) 53.



erosion and atavistic degeneration were only amplified by germ theory. *Leprae bacillus*, the first bacterium to now be "discovered," was already thoroughly demonised: the transfer of spiritual and moral connotations from miasma and contagion to invasive and penetrating bacteria found a receptive space in leprosy.

In fact, by the turn of the century the dissemination of information about microbes indicates an intensification of leprosy's demonisation, as the new microbes were both orientalised and represented as orientalising. The net effect was to emphasise more strongly than ever before the importance of separating the pure from whatever had the potential to contaminate, taint, pollute, corrupt, and so alter identity.

The representation of microbes, their appearance and activities, displayed a struggle for modes of expression which accommodated ambiguity, contradiction, and ambivalence. Microbes were observed and collected: "It is interesting to know that the denizens of this invisible world which have so long escaped our observation are now being dragged into the light of day and subjected to the closest investigation under innumerable microscopes all the world over."<sup>23</sup> They were thoroughly and exhaustively personified, endowed with intention, and often described in terms reminiscent of a bestiary. They were kept in museums of "living putrefactive organisms" (815) or on "beautiful plates" (816). And they were represented in narratives in which they were contained, preempted, and mastered: "In the laboratory Pasteur soon got the disease so perfectly in hand that he could bend it to

---

<sup>23</sup> Eliza Priestley, "The Realm of the Microbe," *The Nineteenth Century* 29 (1891): 814.

his will and oblige it to yield the results he anticipated" (822). Microbes were placed on the lowest rungs of the biological chain of being, as the most primitive forms of life, and as the oldest inhabitants of the globe. Popular descriptions constructed them as indispensable to the logic and economy of Nature, but also as instruments of divine justice. In the same breath, they were both the "greatest chemists in Nature's own laboratory" and the "Nemesis" which punishes neglect of the laws of health as part of the mechanism of their "ceaseless pursuit of their duties" (814). They had been provided by Nature to assist doctors and in their relentless industriousness, vindicated a moral universe founded upon a work ethic.

They offered an allegory of life and death, their invisible world exemplifying the visible. Priestley describes growing a garden of moulds over a week, in which time she was able to observe, in microcosm, the cycle of life and death, and life in the midst of death. On the fourth day "my little garden was still quite gay with pink, yellow, violet, and dark moulds, all trying to crowd each other out." By the fifth day, "the little world within the muffin dish" was demonstrating "the great law of nature, that 'all that has lived must die'" (817). Their activities were also interpreted as offering an instructive and rather frightening microcosm of society. From Pasteur's observations of the role played by microbes in the destruction of the silk industry, the outbreak of disease and the subsequent deaths of the silkworms are overcome by measures that can be applied to the macrocosm. The conditions that permit disease-causing microbacteria to flourish in the invisible world of microbes find their direct analogy in society, as Priestley clearly indicates:

These researches have opened our eyes to the importance of cleanliness in our surroundings, and in our food. We now recognise the danger of over-crowding, and are trying, though not always successfully, to prevent the contamination of our water supplies, while a whole skin and sound digestion are known to be the chief barriers against the inroads of disease. (825)

There were "good" microbes and "bad" ones, and they staged a battle in the body. The destructive invasion of microphytes was combated by "leucocytes," white blood cells which had the powers to protect the organism from the "invasion of contagious microphytes."<sup>24</sup> When "the human or animal body is invaded by a morbid microphyte, [there is] a "‘struggle for existence’" between phagocyte and microbe.<sup>25</sup> In this struggle, white blood cells pitted themselves against the invading organisms.

Microphytes and micrococci were, for the medical profession, parts of matter which manifested themselves in chains or rod-like formations, respectively. They were "germs" which did their fatal work, vegetating in contact with living tissue, "injuring and damaging protoplasm," "killing the living elements of structure within their reach," setting up the known processes of inflammation.<sup>26</sup> The damage which they caused depended upon the "anatomical and physiological endowments of the tissue acted upon" (1031). They were being discovered everywhere: in epidemic diseases, in malaria, in cholera, in tuberculosis;

---

<sup>24</sup> J. Burdon-Sanderson, "Lecture 2: The Croonian Lectures: Progress of Discovery Relating to the Origin and Nature of Infectious Diseases," *Lancet* 14 Nov. 1891: 1084.

<sup>25</sup> Metchnikoff's theory of defensive phagocytes is quoted by Burdon-Sanderson: phagocytes are leucocytes which develop defensive mechanisms against invasion, which are, in turn, "handed down to their posterity" *Lancet* 14 Nov. 1891: 1085.

<sup>26</sup> J. Burdon-Sanderson, "Lecture 1: The Croonian Lectures: Progress of Discovery Relating to the Origin and Nature of Infectious Diseases," *Lancet* 7 Nov. 1891: 1031.

and in the body, in the mouth, the teeth, the tonsils, and the small intestine.<sup>27</sup>

The realisation that these penetrating invaders were capable of being progressively captured and controlled marked a turning point in the battle against disease. At the *Seventh International Congress of Hygiene and Demography*, held in London in August 1891, and attended by 3200 medical professionals from England, Europe, the United States of America, and the British Empire,<sup>28</sup> the Dean of the Faculty of Medicine of Paris, Dr Brouardel, referred to morbidic germs as enemies: "We know some of our enemies, their habits, and their mode of penetrating the body; up to this time man has been conquered by these infinitesimal beings, but thanks to recent discoveries he will be their conqueror."<sup>29</sup> Sir Joseph Lister, addressing the Section on Bacteriology, described an exhibition of a "beautiful series" of preparations of all the micro-organisms that had been discovered and were displayed as the trophies of modern medical science.<sup>30</sup> A section of the report on the Congress was devoted to describing this "Bacteriological Museum." It was situated in "two well-appointed and commodious rooms in the London University" as one of the main features of the Congress. Exhibits included "modes of cultivating bacteria and methods of examining them." It also displayed various "apparatus for their investigation and culture." But the variety of bacteria on display must have had the effect of unveiling another world.

---

<sup>27</sup> "Bacteriology: International Congress of Hygiene and Demography," *Lancet* 15 August 1891: 375-7.

<sup>28</sup> *Lancet* 15 August 1891: 365.

<sup>29</sup> Quoted in "International Congress" *Lancet* 15 August 1891: 367.

<sup>30</sup> *Lancet* 15 August 1891: 375.

"Erysipelas," "diphtheria," "glanders," "anthrax," "tubercle bacillus ... from the milk of a tuberculous cow," "trichomonas sanguinis, an organism found in the blood of ... rats," and "cholera" were arrayed before the Congress. Mr C J Pound - possibly the bacteriologist from colonial Queensland - had a noteworthy display suggestive of a tropical rainforest: "Mr C J Pound exhibited some beautiful drawings and diagrams, executed by himself, illustrating the forms of bacteria, the spore formation of bacilli, various forms of colonies of anthrax, proteus, figurans, mycoides, &c." Apparently Pound was happy to display the effect of bacteria in the colony as especially virulent. One particular plate "showed certain actinomycoses which were found in a piece of Australian beef which had been roasted and served at table."<sup>31</sup> Finally, his most noteworthy exhibit was "the drawings of a section of the skin of a leper, showing the bacilli in dense masses ..."<sup>32</sup> Colonies of bacteria from the colonies, even if it were not possible to capture them alive, were apparently worthy of special note.

But while these micro-organisms had been isolated and scrutinised, there was still a sense of the body's vulnerability. Another doctor at the conference said: "In the case of micro-organisms ... these were so minute, and so diffusible in air, water, and other media, that it was practically impossible to protect ourselves from them ..."<sup>33</sup> Their penetrating, parasitic, invasive effects were expressed as mischief. Of staphylococcus, Burdon-

---

<sup>31</sup> I wonder how different this would have been to bacteria found in beef from any other part of the world ?

<sup>32</sup> "Bacteriological Museum," *Lancet* 15 August 1891: 380.

<sup>33</sup> Dr Patrick Manson, "Entozoa in Human Blood," *Lancet* 15 August 1891: 373.



Sanderson noted: "It has been proved that it is one of the most mischievous of microbes - in short, that where mischief is, there it is almost certain to be found, and that wherever it enters, mischief follows."<sup>34</sup> The date of Jenner's use of the smallpox vaccine, which for the first time enabled the body to defend itself against the disease of smallpox, was spoken of as equivalent to the date of a great battle.<sup>35</sup>

The most important lesson from all of this was the importance of separation of clean from dirty, of guarding against contamination of food, of water, of people, and the skin, particularly, the separation of people from each other, and the protection of the skin as a whole.<sup>36</sup> Harris argues that there was nothing abstract about notions of "purity" and "pollution" for Victorians: "They were inexorable facts of everyday life in the encircling urban and industrial world."<sup>37</sup>

The rhetoric of invasion, possession, resistance, battle, and discovery connected the older ways of understanding disease to the germ theories of disease: epidemic disease and germs were presented as invading entities that threatened to take root in, or possession of, the body. *The Lancet* editorialised in 1891 that

for a time the human body becomes one vast culture ground for the growth of

---

<sup>34</sup> Burdon-Sanderson, *Lancet* 7 November 1891: 1031.

<sup>35</sup> *Lancet* 15 August 1891: 367.

<sup>36</sup> Nancy Tomes's analysis in *The Gospel of Germs* remarks on this in the US: There was a "bacteriological critique of everyday life" and "The deepening germ consciousness at the turn of the century mirrored a growing perception of incorporation and interconnectedness." (108)

<sup>37</sup> Harris 55.

foreign organisms, and the issue of the case depends on many factors, such as the suitability of the soil, the intensity of the generated poisons, and the power of resistance inherent in the individual tissues.<sup>38</sup>

This extended metaphor was influenced both by germ theory and by theories of miasma. Just as bacteria could be cultured in suitable surroundings, so by analogy the whole body can be visualised as offering the perfect conditions for the breeding of "foreign organisms." In addition, the body provided a suitable "soil" from which miasmatic poisons were emitted to contaminate tissues and organs. This juxtaposition of bacillary invasion and the soil, from which issued noxious vapours, metaphorically connects two different ways of understanding disease, making sense of changes in medical knowledge, and enabling the editorial to point to the future task - the diagnosis of bacillary infection - as "the unknown land to which the steps of future investigators must be directed until it has been thoroughly explored" (24). The effect of bacteria upon the body was imagined in terms of invasion, and the efforts of the doctors were imagined in terms of exploration.

At the end of every medical year, *The Lancet* devoted a section of its closing pages to a summary of the year. In 1891, the focus was on "immunity in infective disease and the methods for artificially securing it."<sup>39</sup> The implications of this research are understood to be applicable to tetanus, rabies, pneumonia, diphtheria, influenza, malaria, yellow fever, typhoid fever, tuberculosis, and anthrax. The very heart of this research activity is microbiology. Microbes had been recognised in 1891, but their life histories, particularly

---

<sup>38</sup> Editorial, *Lancet* 4 July 1891: 23.

<sup>39</sup> "The Annus Medicus 1891," *Lancet* 26 December 1891: 1445.

the "conditions under which they flourish" (1445), were not understood. In the corresponding summary in 1892, research into pathology and bacteriology, specifically, continues to produce an information explosion. The report comments that "The vast amount of pathological research that is now being carried on in laboratories in all parts of the civilised world, and which finds a record in scientific periodicals, renders it impossible to do more than indicate here a mere fraction of the additions to knowledge that are being made in this direction."<sup>40</sup> The issue being pursued by researchers was still the "nature of the changes which produce immunity from the result of microbic viruses" (1502).

Bruno Latour suggests that the net effect of the discovery of microbes was to stress more clearly than ever before the importance of the integrity of the organism:

The microbe, the agent in the drama of infectious diseases, was obviously "evil." But what would happen if, instead of looking at the action of the evil entity, they looked at the body's reactions? ... Immunology could stick to bodies between flesh and skin ... The microbes were becoming particular cases of a general problem: the integrity of the organism. (107)

The importance of the wholeness of the body had always been appreciated. Hamlin's essay on Victorian notions of putrefaction indicates that no matter how the decay and disintegration of matter was understood and fitted into a general schema of rationality, what persisted was "an image of how the pure was corrupted by contact with impurity and in the process transformed into a replica of the impurity that would perpetuate further corruption."<sup>41</sup> The integrity of the body and the crucial importance of its distancing and

---

<sup>40</sup> "The Annus Medicus 1892," *Lancet* 31 December 1892: 1502.

<sup>41</sup> Christopher Hamlin, "Providence and Putrefaction: Victorian Sanitarians and the Natural Theology of Health and Disease," *Victorian Studies* 28 (1985): 389.

protection from possible contamination could only be enhanced by germ theories of disease.

A study by Wiesenthal speculates that the Victorian anxiety and insecurity about illness can be detected in a preoccupation with ghosts, or anti-bodies.<sup>42</sup> Spectral apparitions were "a sign of mass anxiety" which could be attributed to "the frightening new changes in physiological disease and mortality patterns" and "the resurgent scourge of infectious epidemic diseases":

Ghosts may be understood as symptomatic manifestations not only of a latent disease with mortality generally but of unconscious fears of death by contagious diseases in particular: a response to an insoluble and real, if invisible threat or 'danger situation.' (107)

The ghostly antibody thus represented a desire for antibodies which would take control of the newly discovered rampaging germs. Wiesenthal argues that the "ghosts" externalised anxieties about the threat of an untimely and unpredictable demise. "The populace at large ... direly lacked" and longed for "self-inoculation against the immanent germs of a virulent new dis-ease of death." Significantly, this psychic defence mechanism, which saw ghosts when it longed for protection from death occasioned by invisible demons in the shape of frightening *bacilli* depended upon "the ability of the organism to distinguish bodies external or 'foreign' to itself" (207). It needed to be able to guard itself against contamination and defend itself against impurity from such "foreign bodies."

---

<sup>42</sup> C S Wisenthal, "Anti-Bodies of Disease and Defense: Spirit-Body Relations in Nineteenth-Century Culture and Fiction," *Victorian Literature and Culture* 22 (1994): 187-220.

So microbes were fitted into already existing patterns of thought. Their demonisation as spirits belonging to an invisible world and as part of a cosmology in which good and bad contended; their orientalisation as "foreign" objects and their characterisation as orientalising in their invasion and possession of the body; and their linkage with the "soil" through miasmatic theories of disease: all of these discursive strands met at two particular junctures: the first, at that of contagion, and the second, at that of colonisation. As orientalised and orientalising demons, they are virulently and uncontrollably contagious. As colonisers, the microbes are both exemplary and vulnerable to attack.

The assault of bacteria on the body, its invisibility, the difficulty in knowing how to deal with it, and the subsequent impotence of keeping bodies apart to avoid contagion, translated at another level into the invisible effects upon bodies when they mixed with "others" in the colonies. The known effects of leprosy in the bodies of some returning colonisers appeared to be direct evidence of this - a metamorphosis into something decaying and animal like. At the same time, the germs and their effects uncomfortably (if unconsciously) suggested what colonies do: they invade, possess, and bring about disintegration of local social and cultural groups.

The action of bacteria in the body was thus often imagined by the Victorians in terms of the colonial activity of the nineteenth century; while at the same time, the activities of colonisation could be expressed in terms of the action of bacteria, and when these metaphors for understanding and explaining both disease and colonial society were



combined with ideas of decline and decay of the social organism, the appropriateness of leprosy as a site for both representing the uncontrollable and mysterious contagious influence of unsuitable elements of society, and as a crisis in the defining boundaries of Imperial identity, ensured it extraordinary symbolic power.

## Chapter Four

### Degeneration: A Crisis in the Body Politic

The emergence from the colonies of ordinary people with the marks of leprosy upon their bodies was represented in the 1867 report of the *Royal College* as a loss of identity and a descent from human to animal - an atavistic reversion. This representation of leprosy was symptomatic of a crisis taking place at the very heart of the Empire, one expressed as a preoccupation with the potential of the nation for degeneration on multiple fronts - a decline in health and vitality, both physical and moral in the metropolis; and an assault on individual bodies and on the purity of the race in the colonies - the effects of living in the tropics and the potentially contaminating effects of other races.

Concerns about degeneration had increasingly arisen in Europe in part as a counter to social Darwinist theories of progress, and involved concerns about individuals, about society as a whole, and about the white races in the tropics. The discursive shift occasioned by Darwin's *Origin of Species* permeated explanations of medical history and the working of disease in the body. For example, Lauder Brunton<sup>1</sup> uses an overriding logic which had been provided by Darwin's doctrine of evolution to explain the rapid changes that had taken place in the history of medicine in the twenty-five years since he had been a resident physician. He sees the applicability of Darwin at every level of existence:

---

<sup>1</sup> Lauder Brunton, "An Address in Medicine to the Meeting of the British Medical Association at Bournemouth by T. Lauder Brunton, a Lecturer on Materia Medica and Therapeutics and Assistant Physician at St Bartholomew's Hospital," *Lancet* 1 August 1891: 216-21.

Wherever we turn we find that Darwin's influence has modified the direction of thought, and whether the study concerns the evolution of the elements, the evolution of the planetary systems, of living beings, of communities, of customs, of laws, of literature, of science or art, in every department of human knowledge we find that men, consciously or unconsciously, are influenced by Darwin's work.  
(216)

A logic of the survival of the fittest structures the rest of this address, dealing as it does, with institutional changes, changes in disease, changes in understanding of disease, and the workings of bacteria. He even explains biological mechanisms within the body in terms of a struggle for survival. The struggles between microbes, between microbes and, what he terms, an organism, between cells in higher organisms, and between microbes and cells are understood in Darwinian terms. Yet, simultaneously, these explanations accommodate an analogy with vegetative growth that finds its origins in a theory of miasma. Once again this new knowledge is connected by analogy to older (and now superseded) knowledge.

For example:

When two microbes are growing together, one may choke or destroy the other, just as weeds in a garden may choke or destroy the flowers; or, on the other hand, successive generations of one microbe may render the soil suitable for another, just as decaying algae and mosses may furnish mould in which higher plants can grow.  
(219)

Although Darwin tried to avoid directly confronting the issue of man within his work, his development of the notion of natural selection and evolution was understood to include the human species, and it suggested a randomness in outcomes that must have been shocking to many.<sup>2</sup> Hurley stops short of suggesting that "the sciences bodied forth a 'shameful ruin

---

<sup>2</sup> Gillian Beer, 'The Face of Nature': Anthropomorphic Elements in the Language of *The Origin of Species*, In *Languages of Nature: Critical Essays on Science and Literature*, ed. L. J. Jordanova (London: Free Association Books, 1986) 212-3.

of the human shape,'"<sup>3</sup> but they certainly prompted a crisis in understanding the history and destiny of "man." Some of this concern stemmed from a recategorisation of the human species in relation to history and other living beings. It also necessitated understanding "races" in relation to each other and, also, most pertinently for this study, the relation of "classes" to each other. Hurley writes that "Every direction one turned, scientists pointed toward the possibility, even inevitability, of changes in physical or social environment that would irrevocably reshape the human form and human culture" (65). In addition, the evolutionary outcome of human struggle came to be understood as not precluding the possibility of an atavistic decline. Harris suggests that "Evolutionary thought led to a certain amount of pessimistic determinism about the human condition; and from the 1880s onwards anxiety about degeneracy and 'physical deterioration' became one of the fashionable idioms of the age."<sup>4</sup> Hurley suggests that "the nineteenth century imagination was preoccupied with the prospect of the reversal of evolution, insofar as this was understood as a synonym for 'progress'" (10). The *fin de siècle* marks a moment of extreme anxiety which was probably both a result of and resulted in concerns about the equally possible outcomes of evolutionary success or national decline: "Understandings of human identity underwent a radical transfiguration at the *fin de siècle* as new modes of imaging and narrativizing the ... subject became available" (9). These "new modes of imaging" human identity, which threatened traditional structures of understanding, were

---

<sup>3</sup> Quoting gothic writer Arthur Machen, Kelly Hurley, *The Gothic Body: Sexuality, Materialism, and Degeneration at the 'fin de siècle,'* Cambridge Studies in Nineteenth-Century Literature and Culture 8 (Great Britain: Cambridge UP, 1996) 9 restrains herself from saying that on her own account, but remarks that the Gothic genre accomplished what the sciences began. (9)

<sup>4</sup> Harris 34.

represented as a loss of human specificity and a dissolution of individuality - a crisis of subjectivity. The representation of leprosy, as an affront to the integrity of the body and as a frightening loss of human specificity, externalised anxiety about signs of degeneration in the body politic that could be perceived as the century drew to a close, and expressed questions about the outcome of physical, racial, and class identities.

There was a tradition of imagining the body politic in terms of the physical body.

For the Stoics, the cosmos was a living, reasoning organism that generated "reasoning microcosms" linked by universal sympathy. The individual was a microcosm of the *polis*.

For Sophocles, a corrupt society was a diseased organism. In the *Republic* Plato used disease to describe the "fevered" State. The Christian tradition used the analogy of the body in I Corinthians 12, and Augustine compared the community of the saved to a mystical body. For the Elizabethans, the body politic was part of a large complex of relationships in which it mirrored the state and the state, the body. In the eighteenth century, Hobbes's *Leviathan* was an "Artificiall Man," and the body politic was "a fictitious body."<sup>5</sup>

Daniel Pick suggests that at the end of the nineteenth century the ramifications of the social were often simply read off from what was either known or assumed about the body:

"The notion of society as an organism - living, reproducing, degenerating, dying - becomes an increasingly 'dead metaphor,' in other words a metaphor used literally, in the

---

<sup>5</sup> David George Hale, *The Body Politic: A Political Metaphor in Renaissance English Literature*, (The Hague and Paris: Mouton, 1971) 129-30.



social criticism of the late Victorian period," and the body, as an organism, was used directly as a "source of knowledge about society."<sup>6</sup> Spencer, for example, argued that the bodily organism and the social organism were so closely related that they could be understood to correspond more than merely analogously:

We speak of "the body politic," of the functions of its several parts, of its growth, and of its diseases, as though it were a creature. But we usually employ these expressions as metaphors, little suspecting how close is the analogy, and how far it will bear carrying out. So completely, however, is a society organized upon the same system as an individual being, that we may almost say there is something more than analogy between them.<sup>7</sup>

The interdependence of the social organs of the community was compared by Spencer to that in a living body, to the extent that "we shall see even more clearly than hitherto how great is the likeness of nature between individual organization and social organization."<sup>8</sup>

The extensions of this more-than analogy were imagined as anatomical: "Organs in animals and organs in societies have internal arrangements framed on the same principle."<sup>9</sup> At the same time, the independent functions of parts of the human body provided a blueprint for social functions:

Hence we are warranted in considering the body as a commonwealth of monads, each of which has independent powers of life, growth, and reproduction; each of which unites with a number of others to perform some function needful for supporting itself and all the rest; and each of which absorbs its share of nutrient

---

<sup>6</sup> Daniel Pick, *Faces of Degeneration: A European Disorder. c1848-c1918* (New York: Cambridge UP, 1989): 180.

<sup>7</sup> Herbert Spencer, *Social Statics; Or the Conditions Essential to Human Happiness Specified, And the First of Them Developed* (London: Williams and Norgate, 1868) 490.

<sup>8</sup> Herbert Spencer, *The Evolution of Society. Selections from Herbert Spencer's Principles of Sociology*, ed. Robert L. Carneiro (Chicago and London: U of Chicago P, 1967) 18.

<sup>9</sup> Herbert Spencer, *The Evolution of Society*, 18.

from the blood.<sup>10</sup>

The development of the logic of this system of correspondences led Spencer to argue for a specific social agenda based on the survival of the fittest. Such an approach may directly or indirectly have had some influence on the extremely ambiguous policies of the state towards those who were diagnosed as having leprosy. Just as the body was considered self regulating in its development, so too was society. As parts of society evolved, they became increasingly dependent on each other so that in the body politic (as in the living body) a "regulating system" emerged. Allowed to be self-regulating, society would establish its own delicate harmony and equilibrium:<sup>11</sup> "To interfere with this process by producing premature development in any particular direction is inevitably to disturb the due balance of organization, by causing somewhere else a corresponding atrophy."<sup>12</sup>

For Spencer, just as bodily processes automatically combatted disease, the social body would deal with whatever stopped it from thriving.<sup>13</sup> Spencer maintained that nature demanded that "every being shall be self-sufficing," and those who were not died.<sup>14</sup> As an example of this principle, he cited the way in which the diseased were dealt with by nature:

Consumptive patients, with lungs incompetent to perform the duties of lungs,

---

<sup>10</sup> Spencer, *Social Statics* 492-3.

<sup>11</sup> Spencer, *Evolution of Society* 43.

<sup>12</sup> Spencer, *Social Statics* 427.

<sup>13</sup> Spencer, *Social Statics* 490-1.

<sup>14</sup> *Social Statics* 414.

people with assimilative organs that will not take up enough nutriment, people with defective hearts that break down under excitement of the circulation, people with any constitutional flaw preventing the due fulfillment of the conditions of life, are continually dying out, and leaving behind those fit for the climate, food, and habits to which they are born.<sup>15</sup>

Failure to adapt either morally, intellectually, or physically resulted in being weeded out:

"Beings thus imperfect are nature's failures, and are recalled by her laws when found to be such."<sup>16</sup> Sympathy was misplaced, and only served to increase and prolong the inevitable:

It favours the multiplication of those worst fitted for existence, and, by consequence, hinders the multiplication of those best fitted for existence - leaving, as it does, less room for them. It tends to fill the world with those to whom life will bring most pain, and tends to keep out of it those to whom life will bring most pleasure. It inflicts positive misery, and prevents positive happiness.<sup>17</sup>

Subsequently, state intervention for the moral and physical well being of the subjects of the state only interfered with the inevitable progress of the survival of the fittest, and those whose bodies were decaying before their very eyes may have been considered not to be fit for existence. If they fell by the wayside, that was the action of the "body" discarding whatever disturbed its equilibrium. But while these decaying bodies were "understood" in terms of the healthy, living, self-regulating social organism, they were also burdened with a more far-reaching significance: these individual bodies assumed meaning for the whole of society. The metaphor worked both ways: society is to the body as the body is to society.

---

<sup>15</sup> *Social Statics* 414.

<sup>16</sup> Spencer, *Social Statics* 415.

<sup>17</sup> *Social Statics* 416.

Analogies between disease in the body and the decline of the human species were widespread in the late nineteenth century. Spencer's ideas of nonintervention and equilibrium were considered, in comparison to the possibilities offered by theories of degeneration, to be overly optimistic.<sup>18</sup> Rudolph Virchow, both social engineer and bacteriologist, developed an analogy between the structure of the organism and the structure of the state in which "...the interaction of the cells in the body was equivalent to the interaction of citizens in the body politic."<sup>19</sup> In his schema, disease in the body could either come from outside or from inside, and that emanating from within the body was labelled "degeneration": "So within the human body as well as within the body politic forces are constantly at work which expose hidden weaknesses ... and can cause its eventual collapse" (75).

Gilman and Chamberlin point out that imprecise as the theory of degeneration was, it was intellectually satisfying in a number of ways because it provided "a convenient dialectic for organising thought": "The idea of degeneration provided a framework and a focus for knowledge about immanent natural processes in social and cultural and historical as well as biological contexts, and a locus of belief about transcendent forces affecting the pace and direction of change as well as the vitality of races and nations" (xii). Vrettos also draws attention to the instability of the prevailing notions of degeneration, emphasising

---

<sup>18</sup> Pick refers to "unwarrantedly optimistic resonances of earlier Victorian evolutionary theory" 180.

<sup>19</sup> Sander L Gilman, "Sexology, Psychoanalysis, Degeneration: From a Theory of Race to a Race to Theory," in *Degeneration: The Dark Side of Progress*, eds. J. Edward Chamberlin and Sander L Gilman (New York: Columbia UP, 1985) 75.

that they were not expressed with any sense of underlying unity, yet retained the capacity of imaginative practices to negotiate conflicting tensions in the cultural field.<sup>20</sup> Pick traces the different contextual conditions in which notions of degeneration circulated in the nineteenth century in France, Italy, and England, developing in response to specific anxieties to do with the state and the nation. In Lombroso's work in Italy, for example, the criminal body becomes a map of the fate of the nation.<sup>21</sup>

In 1892, Max Nordau published a particularly influential work, *Degeneration*, drawing on the work of B A Morel.<sup>22</sup> It included descriptions of the degenerate individual, of degenerate sections of society, and of a society in decay, and began with Morel's definition of degeneration as pathology:

The clearest notion we can form of degeneracy is to regard it as "a morbid deviation from an original type." This deviation, even if, at the outset, it was ever so slight, contained transmissible elements of such a nature that anyone bearing in him the germs becomes more and more incapable of fulfilling his function in the world; and mental progress, already checked in his own person, finds itself menaced also in his descendants. (16)

Each body was capable of transmitting to its descendants a progressively corrupted inheritance in the same way that germs were transmitted. They represented evolutionary failure: "The disease of degeneracy consists precisely in the fact that the degenerate organism has not the power to mount to the height of evolution already attained by the

---

<sup>20</sup> Athena Vrettos 175-6.

<sup>21</sup> Pick 141.

<sup>22</sup> Max Nordau, *Degeneration* (Lincoln and London: U of Nebraska P, 1968) was published in German in 1892 and translated into English in 1895. B A Morel. *Traite des Degenerescences physiques, intellectuelles et morales de L'Espece humaine et des Causes qui produisent ces Varietes malades* (Paris, 1857).



species, but stops on the way at an earlier or later point. The relapse of the degenerate may reach to the most stupendous depth" (556). The transmission of degeneration by inheritance was as debilitating and as contagious as any disease that made the body incapable of functioning. In this case, the descendants were increasingly incapable of functioning "in the world." Just as the physical decay of the body ensured the progressive retreat from society of those who suffered from leprosy, the processes of degeneration conjured an atavistic reversion.

The stigmata of degenerates are physical deformities, "multiple and stunted growths in the first line of asymmetry," in "the unequal development of the two halves of the face and cranium." They are marked by imperfection in the development of the external ear, in squint-eyes, hare lips, irregularities in the form and position of the teeth, and pointed or flat palates ..." (17). These outward signs are accompanied by malformations in the brain and nervous centre, particularly "the sexual centres" (61). Because leprosy was an attack on the nervous system and evidence of its ravages often appeared first in the face, and since in addition the connection between uncontrolled sexuality and leprosy had persisted since antiquity, it must have seemed to be evidence of this very process.

Nordau's description of the etiology of degeneracy (which he claims Morel traces to poisoning from narcotics, stimulants such as alcohol, tobacco, opium, hashish, and arsenic; bad food; or such diverse "poisons" as marsh fever, syphilis, tuberculosis, or goitre (34)), reveals it as a social disease of the times, and not one discovered only in

specific individuals. Residence in large towns exposes people to "unfavourable influences" which diminish their "vital powers." There people breathe "an atmosphere charged with organic detritus." They eat "stale, contaminated, adulterated food," and they are "in a state of constant nervous excitement"; their state resembles that of dwellers in marshy, malaria-ridden districts (35). Nordau was convinced that fatigue was also responsible for this outbreak of degeneration because for half a century "the whole of civilized humanity" had been exposed to rapid changes such as those introduced by steam and electricity, which "have turned the customs of life of every member of the civilized nations upside down, even of the most obtuse and narrow-minded citizen, who is completely inaccessible to the impelling thoughts of the times" (37). The technologies of nineteenth-century civilization had been implemented so quickly that there had been no time to adapt to them (40). The theory of degeneration suggested that there was a limit to society's capability of absorbing "the spread of infected individuals." The chain of contagion had the potential to infect everyone, while at the same time degenerates were particularly contagious: a degenerate produces only further degenerates until idiocy or dwarfism result and the race is completely corrupted (34).

Pick writes that "There was an unresolved contradiction between the desired image of a specific, identifiable criminal type ... and the wider representation of a society in crisis, threatened by waves of degenerate blood and moral contagion" (172). Degeneration was "a severe mental epidemic," a "sort of black death" (537), which had the potential to produce the degeneration of the race. It was, at the same time, a process that was being

communicated by "infected" and "infecting" degenerate individuals unable "to adapt themselves to the conditions in which they live" (261).

Happily, degenerate individuals would eventually die out, but society was contaminated and harmed by them in the same way as the body was corrupted by the wrong sort of bacteria: "the body constantly harbours parasites which only injure it when another bacillus has invaded and devastated it" (537). The action of bacteria is mobilised to explain the effects of degenerates in society, and "degenerates" are simultaneously understood in terms of the ways in which bacteria infect the body. A proposal to the Home Office from an American follower of Lombroso, Dr MacDonald, argued for a laboratory to study "criminal and defective classes" in England by using the principles of germ theory to illustrate his case:

Millions of dollars are annually expended by Governments for the scientific investigation of the antecedents, peculiarities and behaviour of some little bacillus, causing the death of plants or animals, but little or nothing is given for a similar study of the larger human bacillus, which has caused Nations to suffer losses beyond human calculation.<sup>23</sup>

The analogy between body and society produced a "collective envisioning of the social body"<sup>24</sup> as vulnerable in its contact with morally and physically contaminating "others," with the potential to contaminate society morally or physically: "Racial degeneration became a code for other social groups" such as "the urban poor, prostitutes, criminals,

---

<sup>23</sup> Quoted in Pick 181.

<sup>24</sup> Vrettos 144.

and the insane," understood as threatening social relations and progress.<sup>25</sup> Concern for the degeneration of the English race was implicit in the recording of the speech, facial features, and growth of aggression in working people.

Disease thus also came to represent the gulf between the classes in nineteenth century England. The poor man was regarded as a degenerate creature, "monstrous in behaviour and shape, and spawned from putrescence like miasma."<sup>26</sup> In these representations, connections were made between epidemic disease, filth, the conditions in which the poor lived, and moral contagion. In 1851, Dickens wrote that "no one can estimate the amount of mischief which is grown in dirt; that no one can say, here it stops, or there it stops, either in its physical or moral results, when both begin in the cradle and are not at rest in the obscene grave."<sup>27</sup> John Liddle, in an article *On the Moral and Physical Evils Resulting from the Neglect of Sanitary Measures* (1847) wrote that moral deviation and the generation of disease were the twin products of insanitary conditions.<sup>28</sup> Edwin Chadwick claimed that "noxious physical agencies create a population that has a perpetual tendency

---

<sup>25</sup> Nancy Stepan, "Biological Degeneration: Races and Proper Places," in Chamberlin and Gilman 78.

<sup>26</sup> A. Susan Williams, *The Rich Man and the Diseased Poor in Early Victorian Literature* (Atlantic Highlands, New Jersey: Humanities P International, 1987) 96.

<sup>27</sup> *Speeches* 128 in Williams 77.

<sup>28</sup> John Liddle, *On the Moral and Physical Evils Resulting from the Neglect of Sanitary Measures: A Lecture*, (London: Health of Towns Association, 1847) cited in Williams 77.

to moral as well as physical deterioration,"<sup>29</sup> and Hector Gavin in *Sanitary Ramblings* described the "Disease Mist" which, looming over the nation, brought physical enfeeblement and rampant demoralisation: "a moral pestilence; for where the seeds of physical death are thickly sown, and yield an abundant harvest, there moral death overshadows the land..."<sup>30</sup> Chadwick claimed that "the cases of moral improvement of a population ... by cleansing, draining, and the improvement of the internal and external conditions of the dwellings ... are ... numerous and decided."<sup>31</sup>

Williams points out that moral degradation was not only represented as a product of the same conditions that generated disease; it was also represented as a disease and, in addition, as infectious.<sup>32</sup> From here, it was only a short step to the representation of the poorer classes as a disease of the State:

The "monstrous" poor were presented in some cases as if they had been spontaneously generated from the squalor of their dwelling areas, in much the same way that (so it was believed) maggots, vermin and miasma were. (91)

Lord Ashley wrote in *Punch* of "human vermin, at once society's reproach and

---

<sup>29</sup> Edwin Chadwick, *Report on the Sanitary Condition of the Labouring Population of Great Britain, to Her Majesty's Principal Secretary of State of the Home Department*, ed. M. W. Flinn (Edinburgh: Edinburgh U P, 1975) 268 quoted in Williams 77-8.

<sup>30</sup> Hector Gavin, Lecturer on Forensic Medicine at Charing Cross Hospital, *The Habitations of the Industrial Classes: Their Influence on the Physical and on the Social and Moral Condition of these Classes*, address delivered at Crosby Hall, 27 November 1850 (London: Society for Improving the Condition of the Labouring Classes, 1850) 101 in Williams 78.

<sup>31</sup> *Report on the Sanitary Condition of the Labouring Population* 200 in Williams 80.

<sup>32</sup> Williams 81.



danger."<sup>33</sup> Thomas Chalmers, in 1841, described "the plebeian swarms who are huddled together in wretched tenements ... the dark and dismal and putrid recesses of a large city."<sup>34</sup> The poor were habitually understood as "a kind of spontaneously generated lower life" who emerged, like pestilence, from putrefaction.<sup>35</sup>

In England, such concerns about degeneration were to some degree considered alarmist: "Firstly, the notion of the degenerate as a clearly distinguishable being always tended to be diluted in the clash with a recalcitrant classical liberal conception of the individual; secondly, the prospect of the direct destruction, extinction or impotence of the state was on the whole seen to be implausible" (184). But concern focused upon a "slower, mediated process of decline in which a relative deterioration in the body of the city population in turn undermined the 'imperial race' with ensuing disintegrative effects upon the nation and empire" (184).

Anxieties about degeneration included a concern about racial survival and fitness: "Racial fitness was deemed critical in an international 'struggle for survival'" (131). Pick notes that in Italy, Germany, France, and England "one encounters a similar cult of sport and the healthy body" (131). Subsequently, the condition of the English body became the focus of concerns about success and even survival of the nation:

---

<sup>33</sup> "Rags versus Soap," *Punch* vol 18: 140 quoted in Williams 91.

<sup>34</sup> Thomas Chalmers, "The Parochial System" in *Select Works of Dr Chalmers*, vol.11, ed. William Hanna (Edinburgh: Thomas Constable, 1857) 429, in Williams 92.

<sup>35</sup> Williams 92.

In the social evolutionary language of many of Darwin's followers, inheritance was understood in a transformed language of political economy which refused a notion of the abstract and autonomous person and focused on the capital of physiology, racial investment, the resources and capacities of the nervous system, growth and sexual expenditure. The body, it seemed, could not be left to itself since it was a crucial racial patrimony. (197)

Vrettos argues that

statistics that measured and compared features such as height, muscular development, facial shape, and sensory awareness, as well as rates of mortality and reproduction, served to alleviate Victorian concerns about evolutionary progress by refashioning individual bodies into collective cultural symbols. ... These abstractions gave the dominant culture an image of itself that could be used to determine the future of the race in relation to other races and cultures.<sup>36</sup>

The preoccupation with and concerns about a national decline in stature and character found disturbing evidence in the studies of the poor in the city.

Any stay in the tropics was considered a risk to health and inevitably resulted in damaging physical and mental alterations. The representation of this dramatic physical and moral metamorphosis in medical articles which deal with the experience of someone who returns from the colonies reveals the force of perceptions of the vulnerability of the coloniser. James Ranald Martin published a series of articles in the 1850 *Lancet*<sup>37</sup> on the effect of the tropics on Europeans who had spent lengthy periods of service there. The metamorphosis undergone by someone returning from the colonies was described not only as profound and life-threatening, but also as alienating. On his return, the invalid is "a

---

<sup>36</sup> Vrettos 143.

<sup>37</sup> James Ranald Martin, "Practical Observations on the History, Causes, and Treatment of Some of the More Important Disorders and Diseases of European Invalids on their Return from Tropical Climates," *Lancet* (1850) vol. 1: 402-5; 442-5; 563-5; 619-21; 749-52.

stranger in the land of his birth," and first inspection reveals "that he has been subjected to changes foreign to his original nature" (404). The changes to the "moral and physical nature" of the one who returns are such that they are not able to be appreciated "by his kinsmen and countrymen in general." These changes have resulted firstly, from the effects of heat upon the body. The nervous and vascular systems have been subjected to "increased excitability" so that the "animal spirits" have been stimulated and overall "a feeling of invigoration and health delightful to the senses" has been experienced. Unfortunately, this rise in the level of excitation affects the body's nervous system to such an extent that long-term damage results: "The lengthened application of these operations of climate which at first appeared beneficial, are sure to impair the health, and that, too often, with a termination so suddenly fatal, as at once to shock and terrify all who behold it." (403) The "best of European constitutions" can be destroyed by tropical environments.

Such physical changes were also regarded as symptomatic of more insidious alterations:

How vast the range of the physical and moral influences to which he has been exposed, and how changed does he find himself on his return, which is, in fact, his first settlement in life; how altered are his nearest relations who remain to greet him, and how many more of them have been gathered to their fathers! (443)

A youth "buoyant with health and animal spirits" had departed for the colonies and returned prematurely aged and suffering from a "profound mental depression" (444). The colonies undermined the stability of the body and inevitably altered identity, alienating the returning coloniser from everything by which he identified himself.<sup>38</sup>

---

<sup>38</sup> When colonisers attempted to reestablish themselves back in England, becoming acclimatised again was so fraught with physical danger, that the possibility of sudden death was likely. Martin narrates several cases of this.

The physical vulnerability experienced by the colonisers to disease at the outposts of the British Empire was subconsciously reinforced by the revolutionary implications of germ theory and by the potential horrors of degeneration. Dr Johnson had written: "A colony is to the mother-country, as a member to the body, deriving its action and its strength from the general principle of vitality; receiving from the body, and communicating to it, all the benefits and evils of health and disease ...".<sup>39</sup> If the "mother country" were in decline, undermined by the degeneration of its own units, if its vitality was in question, how was it to sustain itself in the face of the many uncertainties to which it would be exposed away from home, where the bodies of its colonisers were so much imperilled. This connection between "the member" and "the body" served to represent the link between colony and "mother country" in a mixed and interactive transmission, the vitality of one ensuring that of the other, and the shortcomings of one infecting the other.

If the analogy between the body and the body politic were pursued to its logical conclusion, ironically, the "germs," the alien invaders, should have been the colonisers themselves, particularly if they saw themselves as prone to a slow but inevitable degenerative process. But to reiterate Gilman's argument, when the self's sense of order and control undergoes stress, in this case when the discovery of germ theory in combination with theories of degeneration threw into relief the complexity of the threat confronting the physical and social body, the anxiety had to be externalised. These anxieties about the physical body and the effect of changes of climate upon one's place

---

<sup>39</sup> Hale 133.

within the familiar (the land of one's fathers) and the location of one's first settlement, and position in relation to predecessors express a crisis of categorisation, structure, and identity that would find its most intense representation in leprosy.

Assessing the fitness of the nation was motivated by the desire to gauge the ability of the British to compete with other nations. Debates about the evolutionary development of the race in comparison to other races in the colonies, specifically the Chinese, who seemed well adapted to coping with the rigours of a tropical climate, were haunted by the possibility of degeneration. Ripley ponders the problem of fitness for settlement and survival. He writes that "The modern problem plainly stated is this: First, can a single generation of European emigrants live? and secondly, living, can they perpetuate their kind in the equatorial regions of the earth?" Then, if they survive, can they "preserve their peculiar European civilization in these lands" or will they "revert to the barbarian stage of modern slavery - of a servile population, which alone in those climates can work and live?"<sup>40</sup> Superior races were understood to overtake and eliminate those less capable of adaptation, and this conflict between "races" was instrumental in the emergence of a superior type. Human development, rather than being understood as competition amongst individuals, was seen as something that took place between racial groups: "Conservative thinkers who were convinced that nature was purposeful were quite willing to see racial conflict as the testing mechanism of evolution, designed to eliminate those products that

---

<sup>40</sup> William Z. Ripley, *The Races of Europe: A Sociological Study* (London: Kegan Paul, Trench, Trubner, 1895) 560-1.



did not make the grade."<sup>41</sup>

Underpinning anxieties about international competition was a consensus that whites did not flourish in the tropics. White races could only survive in other environments at the cost of their "distinctive qualities."<sup>42</sup> When the white race moved out of its "natural" home, it underwent a process of biological degeneration - it became "tropicalized."<sup>43</sup> Both Brinton and Ripley claimed that "There is no such thing as acclimation. A race never was acclimated, and in the present condition of the world, a race never can become acclimated,"<sup>44</sup> and "Summarizing the views of authorities upon this subject, the almost universal opinion seems to be that true colonization in the tropics by the white race is impossible."<sup>45</sup> This then presented a dilemma because, if any particular nation had an advantage in the lands of the new world, there "the balance of power may be seriously disturbed" (561).

Ethnographers such as Ripley and Brinton, having decided that the white races did not flourish in the tropics, concluded that there were two options. The first was for Anglo Saxons to use their superior intellectual powers to harness the superior physical hardiness

---

<sup>41</sup> Peter J. Bowler, *Theories of Human Evolution: A Century of Debate: 1844-1944* (Baltimore and London: Johns Hopkins U P 1986) 213.

<sup>42</sup> Brinton 282.

<sup>43</sup> Stepan 99.

<sup>44</sup> Brinton 283.

<sup>45</sup> Ripley 585.

of the other races by encouraging "the union of lower races among themselves" so as to achieve a "blending capable of resisting the heat of the tropics, and intelligent enough to carry out the directions of that race which will ever and everywhere maintain its supremacy so long as it maintains its ethnic purity -the Eurafrican" (288). Other races were to be hybridised, but the "ethnic purity" of the "Eurafrican" race would ensure its dominance. Consequently "the greatest possible physical, social, and sexual distance" must be maintained between the pure and the hybridised, or the peoples they increasingly governed abroad.<sup>46</sup> This option was not favoured by Ripley because "A colony can never approximate even to the civilization of Europe until it can abolish or assimilate the native servile population" (586). Thus the other almost inescapable option was, as a result of either "accommodation to climatic conditions" by "variation and natural selection" or by "habitual adaptation transmitted by inheritance," the evolution of a "new type" (587). To enable this to occur all that the state was required to do was to "keep up the supply of immigrants" and allow the climate "to do the rest" (587).

*The Report on Leprosy by the Royal College of Physicians* in 1867 epitomised and reified concerns about degeneration (particularly Erasmus Wilson's case studies) in its mapping of the frightening metamorphosis in disposition and physical appearance of the children, young men, women, and retired administrators in the colonies who had, by becoming afflicted with leprosy, begun the degenerative descent to the boundaries of what constituted a human being. In this world of social engineering, the bodies marked with leprosy must

---

<sup>46</sup> Stepan 104.

have presented a horrifying parody of the changes brought about by climatic influence.

Thus, at the time of the events occurring at the colonial outpost of Queensland - the focus of this study - fears of degeneration were being expressed for individuals, for the social "organism" in England, for colonisers, and for the purity of the race in the colonies. The representation of leprosy, already replete with ancient significance and now metaphorically "enhanced" as a germ disease, provided a ready vehicle for these ideas and fears. Its mysterious return, at the outposts of Empire in the latter decades of the nineteenth century (however *comparatively* few the number of diagnosed *cases* actually were) guaranteed it, as in the past, disproportionate significance in a complex of intrinsically interwoven discursive arenas.

## Chapter Five

### Leprosy an Imperial Threat

*The "oriental leprosy" ...: the fear and hatred projected on to the East kept threatening to return in one such form or another ...<sup>1</sup>*

*About this time it was ascertained that there were two or three cases of leprosy walking abroad in the city of London. John Bull was horrified, and the bare possibility of danger at home recalled to his mind the undoubted certainty of danger abroad, for the Queen of England is also Empress of India, and it is estimated that British India contains to-day more than two hundred and fifty thousand lepers. Other portions of the Queen's dominions have leper colonies, such as Trinidad, British Guiana, Jamaica, Cape of Good Hope, Ceylon, Mauritius and New Zealand. These facts, though known to the medical world, were rather startling when presented in a lump to the British public, accompanied by actual figures.<sup>2</sup>*

Leprosy provided a perfect representational arena for the embodiment of these theories of degeneration which envisaged "infecting" individuals in the body politic as invading, micro-organisms in the physical body. The possibility of lepers returning from the colonies externalised the horror of a (potentially) degenerate society - the alien within the domestic space. The "detention" of people who were diagnosed with leprosy became not just a strategy of disease control, but an absolute necessity in order to contain fears about survival of identity both at "home" and in the colonies. To rationalise a literal incarceration (reflective as it was of an ideological *cordon sanitaire*) it became important to demonstrate the indisputable contagiousness of the disease, and since this was proving frustratingly impossible, all counter evidence had to be demolished.

---

<sup>1</sup> Barrell 16

<sup>2</sup> Henry William Blanc, "The Leprosy Question," *The Journal of the American Medical Association* 23 April 1892: 507-510.

The 1867 *Report from the Royal College of Physicians* into the prevalence and treatment of leprosy in the colonies was subjected to searing criticism. It had concluded that the detention of people suffering from leprosy was unwarranted, but since its publication, the disease seemed to have become more widespread. The conclusions of the next investigation to be launched, in 1891, an investigation by the newly formed Leprosy Commission into leprosy in India, met with the same fate. In the face of the evidence of two exhaustive inquiries, both of which had concluded that there was no need to detain those suffering from the disease, a regime of incarceration was nevertheless instituted in the Australian colonies (which persisted until the 1950s in the case of non-coloured people, and into the 1960s in the case of Indigenous people).

Thus most immediate result of the discovery of the *bacillus leprae* was a backlash against the 1867 report. In 1884, in the popular journal *Nineteenth Century*, Agnes Lambert<sup>3</sup> tore the report to shreds. Morrell Mackenzie followed up in 1890 with *The Dreadful Revival of Leprosy*,<sup>4</sup> and everything that was written on leprosy in the final years of the century took its point of departure from the 1867 report until the equally hapless Leprosy Commission to India in 1891-2 commenced. The general consensus was that both reports had been irresponsible in suggesting as strongly as it had that leprosy was not contagious.

---

<sup>3</sup> Agnes Lambert, "Leprosy: Present and Past," *Nineteenth Century* 90 (1884): 210-27 and 91 (1884): 467-89.

<sup>4</sup> Morell Mackenzie, "The Dreadful Revival of Leprosy," *Wood's Medical and Surgical Monographs* 5.3 (1890): 603-27.



Agnes Lambert described the disease as "one that concerns Englishmen with a present vital interest greater even and more constraining than it had in the past"(210) and which has "with the expansion of England been brought back to our very doors" (212).

For wherever the eye may rest throughout our vast Indian Empire, or the further-stretching limits of our colonial possessions, the dark cloud of leprosy is at this moment, whilst I write and others read what I have written, overshadowing the fairest spot of earth and the most fruitful territories of our commonwealth; cutting off multitudes of our fellow-subjects from all the joys of life, and forbidding them the very brotherhood of the human race. (212)

She surveyed the presence of leprosy in various colonies of the Empire and condemned the procedures of the 1867 report which unfortunately allowed "many data of a negative character ... to outweigh the fewer of a positive" so that "the strongly-expressed opinion of the Committee against the compulsory segregation of lepers was acted on by the Government" (221). Her attack on the report invoked subsequent reports from places such as Norway and then included, in a second section, a survey of the history of leprosy. As I have already suggested, narratives of the spread of leprosy were themselves constantly subject to reinterpretation and reconstruction. Her purpose in coopting these was to assume the contagiousness of the disease and to argue that, in the past, the church, in contrast to the State, dealt most compassionately but responsibly with victims by segregating them from the rest of the population.

Her argument against the 1867 Report set the tradition of church charity to leprosy sufferers against a narrative of civil indifference and harshness. In an extraordinary return to the mediaeval narrative traditions, Lambert discussed the ecclesiastical ceremony of expulsion from the community (which included a rite of burial or mass for the dead and

ten commandments governing the way in which the leper was permitted to approach the community) remarking on the wisdom of the fourth commandment forbidding the leper to touch anything anywhere "except with a stick to let people know what you want," and the seventh commandment commanding the leper to stand on the windward side of anyone they may happen to speak to and to avoid narrow streets so that they do not brush against anyone:

Had the ecclesiastical authorities of those days lived in the full blaze of germ theories, and the most complete microscopic discovery and demonstration of bacilli and microbes, would it have been possible for them to have devised or formulated a more minute and searching law ..? (485)

Articles in the *British Medical Journal* connected the discovery of the bacillus with a need for closer study of the disease.<sup>5</sup> That same year, a case study by W T Gairdner, Professor of Medicine in the University of Glasgow,<sup>6</sup> produced a sensation in medical circles, and seemed to contribute an irrefutable instance of the contagion of leprosy by inoculation (specifically vaccination) in a chain of infection which originated with "a native child." A

---

<sup>5</sup> J L Bidekap, "An Abstract of Lectures on Lepra," *British Medical Journal* 7 May 1887: 996-7 and Beaven Rake, "Experimental Investigations on Leprosy," *The British Medical Journal* 5 Feb. 1887: 275-6. Revealing the uncertainties in medical observation of the activity of the bacterium, Rake, the Medical Superintendent of the Leper Asylum, Trinidad, was counting the bacillus in different types of leprosy and trying to inject it, by introducing lymph taken from lepers into a cat and a fowl, both of which proved to be unreceptive hosts. Rake represents a conservative and cautious point of observation and conclusion in comparison to many of the others. He writes that "In this connection it may be noted that twenty-seven observations on material taken from vaccine vesicles, or pustules in lepers, tuberculated, anaesthetic and mixed, failed to show any bacilli in any of them. This is a point of interest with reference to the alleged communication of leprosy by vaccination." (276) He is also cautious in describing the location of the bacilli within the body, particularly the organs. He writes "If bacilli are as common in the viscera as some writers seem to think, they are, at any rate, much harder to find by ordinary methods ...". His estimations of bacilli permit him to conclude that out of 420 observations from 185 lepers, the bacilli were "numerous in fifty-six cases, generally diffused in twenty-one, and few in twenty-three" so that they were present in 24 per cent and absent in three hundred and six microscopic observations.

<sup>6</sup> W T Gairdner, "A Remarkable Experience Concerning Leprosy: Involving Certain Facts and Statements Bearing on the Question - Is Leprosy Communicable Through Vaccination?" *British Medical Journal* 11 June 1887: 1269-70.

testimony to the narrator's restraint and integrity prefaces the account, possibly to deflect accusations of exaggeration and unreliability. It begins: "The time seems to have arrived when, without injury or offence in anyone concerned, it is possible to bring under the notice of my medical brethren some facts ..." (1269). The case occurred "some years ago" and deals with matters of "professional confidence" which until that time were "not suitable for publication," and which "even now" require "fram(ing) this mere narrative in such terms as shall not point to any definite locality, or to any recognisable person" (1269).

The story concerns a child brought to England by his parents with a referral from a doctor who had been one of Gairdner's pupils. In consultation with another expert, it was concluded that the child had leprosy, and Gairdner was surprised that the referring doctor had not recognised it, knowing that the child had come from a region where the disease was endemic. Gairdner let the referring doctor know the diagnosis, and eventually received a reply from him indicating that he had already known that it was leprosy, but had deliberately chosen not to tell the parents or Gairdner. Out of a reluctance to "have the credit of having discovered for the first time what a gentleman so much more familiar with the disease might have been supposed to have overlooked," Gardiner let the parents know that the referring doctor had known it to be leprosy all the time.

After a number of years, Gairdner was called back to the now rapidly deteriorating child where he learnt from the parents, who had had further contact with the referring doctor,

the reason for his unaccountable reluctance to disclose the disease as leprosy. The referring doctor had made a terrible blunder:

He had vaccinated his own boy with virus derived from a native child in a leprous family, and as, I understood (though perhaps not definitely so stated) that leprosy had declared itself in the native child after the vaccination; and, further, that (using his own child as a *vaccinifer*) he had vaccinated our patient directly from him. (1269)

He had "known," not only that the child had leprosy, but where it had come from - his own child; that three children (the native child, the referring doctor's child, and the child who had been presented to Gairdner) had the disease; and that two of them had contracted it at the hand of the colonial doctor. The referring doctor was now dead, but his child, now an orphan, was attending school in Britain.<sup>7</sup> This presented Gairdner with "a difficult dilemma" - should he do anything about this child, as a possible source of infection, and what would be the consequences for the child, in a foreign land? He consulted other expert medical practitioners who reassured him that the child did not present a danger to other children, but knowing one of the medical officers at the school, he let him know of "the extraordinary circumstances." As a result, the child was "sent for and privately examined" and "beyond all doubt, considered to be a case of leprosy" (1270). The medical officers then decided not to "sound the alarm" so as to avoid disturbing the boy's education. But some time later, Gairdner was called to the school by the school authorities and, because of an outbreak of contagious eczema and a deterioration in the general health of the child, "it was no longer expedient that he should remain at the school" (1270). The child's guardian was informed, and although the child was suffering from "a mild type" of the

---

<sup>7</sup> The copy of the *British Medical Journal* from which I am summarising this story has pencilled in the margin the name of the public school which the child was attending.



disease, and there were no "breaches" on the surface of the skin and no discharge; and although Dr Anderson, who supplied the other opinion, was certain that he did not represent a danger to the other children at the school, Gairdner "did not feel able to give an unqualified assent" to that opinion (1270) and the child's education at that school came to an end.

The responses to this "confession" as they appeared in the *British Medical Journal* from June to November of 1887 were instantaneous, sustained, and conflicting. The Acting Surgeon General from Trinidad,<sup>8</sup> wanted to know more details about the case and was rather skeptical: were the parents of the child, who was first vaccinated, European?; if they were not, then did they have any taint of leprosy?; was blood inoculated or only lymph?; was it possible to inoculate a person with leprosy from the lymph? Gairdner responded to Pasley's request for information with a further profession of reluctance and dutiful responsiveness, stating that he had simply reported what he had seen: "My opinion on these facts is of no consequence at all."<sup>9</sup> But, the result was that John Hillis, the Late Medical Superintendent of the British Guiana Leper Asylums, wrote calling for the College to reconsider their 1867 report on the basis that "much light has been thrown on the pathology of the disease."<sup>10</sup> One reader commented that the whole medical profession owed a "deep debt of gratitude" to Gairdner "for his simple and clear statements

---

<sup>8</sup> C. Burgoyne Pasley, "Communicability of Leprosy," *British Medical Journal* 30 July 1887: 270-1.

<sup>9</sup> W T Gairdner, "Vaccination and Leprosy," *The British Medical Journal* 5 Oct. 1887: 799.

<sup>10</sup> John Hillis, "The Spread of Leprosy," *British Medical Journal* 5 Nov. 1887: 1022-3.



concerning the communicability of leprosy by inoculation."<sup>11</sup> In contrast, the cautions Beaven Rake, the Medical Superintendent of the Trinidad Leper Asylum, assembled a summary of the case for and against communicability and hereditary transmission, arguing that "No one knows what bacteriology may do for us in the future", but the matter was far from "set at rest."<sup>12</sup>

This story galvanised the medical profession in Britain and in the colonies because it seemed to present evidence of transmission by inoculation, specifically by vaccination against smallpox. In addition, its power was contained in the image of double penetration that vaccination with the bacillus presented - unwitting contamination with an invading microorganism by Western needle. Did it encapsulate something of the compromised position that the coloniser found himself in? His penetration, by vaccination, of the black skin was responsible for the eventual transfer of an invading bacillus into the young body of his own son and heir: the sins of the fathers visited on the next generation, the very process of degeneration expressed by Nordau; and, at the same time, a concrete embodiment of the supposed effects of miscegenation.

Discussions about leprosy and its contagiousness focussed implicitly and explicitly upon its potential to stage a "return" commensurate with its activity in Europe in the past. These medical and popular debates sharpened in focus until they became debates about how to

---

<sup>11</sup> William Jelly, "Communicability of Leprosy," *The British Medical Journal* 23 July 1887: 176.

<sup>12</sup> Beaven Rake, "The Question of Communicability and Heredity of Leprosy," *British Medical Journal*. 17 Sept. 1887: 646-7.

contain the contaminating agents at their point of origin: segregation in the colonies became the issue. Editorials in the *British Medical Journal* in November 1887 expressed what must have been a growing concern about the threat that the disease was coming to pose to the British. The editorials opposed, on the one hand, the views of those who argued that any proof of infection, however isolated, was sufficient cause for alarm,<sup>13</sup> to those who, in a leading article in the *Times* newspaper, supported the *Report of the Royal College of Physicians* that the disease was no more contagious than syphilis, and compulsory detention was unnecessary.

The evidence of bacterial activity was drawn on to support what was considered to be justifiable concern: the discovery of the bacillus, the proven connection between the bacillus and the disease, the proof that whatever part of the world the diseased body is discovered in, the bacillus is present, and the presence of the bacillus in the bodies of dead lepers were all sufficient evidence to conclude that "if it is the human body which, living or dead, harbours the parasite which causes leprosy, it ought to be accepted as a matter of common prudence that healthy persons should avoid as far as possible contact with lepers living or dead."<sup>14</sup> Questions of the "liberty of the subject" were considered subordinate to

---

<sup>13</sup> The editorial indicated that M. Besnier, the physician of the Hopital Saint-Louis had delivered an address at the Academie de Medecine on October 11 on the "Nature, Origin, and Propagation of Leprosy," and Archdeacon Wright had addressed a letter to the *Times* on November 8 entitled "The Spread of Leprosy." Both supported the concern and alarm that the disease was contagious.

<sup>14</sup> Editorial, *The British Medical Journal* 12 Nov. 1887: 1056.



the importance of protecting the healthy and possibly bringing an end to the disease.<sup>15</sup>

The editorial is thus positioned between the concern of the alarmists and the optimism of the *Times*, by suggesting that the number of people with leprosy who had entered England had been underestimated. It concluded that "Without sounding a note of alarm, or considering that there is any occasion at present for compulsory measures in England, we are yet unable to consider the presence of lepers ... as being absolutely free from danger" (1056). Another editorial in the same month noted that the question of the contagiousness of leprosy was a question uppermost in the thoughts of those in the medical establishment and in the Government. It reassured its readers that the prevalence of the disease amongst populations that are "under the care of the British Government" was being noted.

In a complex process of translation then, the physical body was vulnerable to invasion from unseen bacilli. The bodies of the builders of Empire were vulnerable to invasion from microscopic invaders in the tropics. Simultaneously, they were also vulnerable, far from home, to a degenerative loss of identity and, potentially, to retaliation from those they had displaced. The invading, unseen bacilli came to stand for a continual and concealed assault on the bodies of the imperialists and upon the soundness of the Empire

---

<sup>15</sup> A number of studies of leprosy in the Middle Ages in Europe and Great Britain were produced simultaneously supporting this argument - the waning of the disease in the Middle Ages was attributed to the natural horror with which the general population responded to the disease and inevitably shunned the afflicted: for example, James Y. Simpson, "Antiquarian Notices of Leprosy and Leper Hospitals in Scotland and England," parts I-III, *The Edinburgh Medical and Surgical Journal* 56 (1841): 301-30; 57 (1842): 121-56; 57 (1842): 394-429; in 1895 as part of a collection of Prize Winning Essays published by the Sydenham Society, George Newman wrote *On the History of the Decline and Final Extinction of Leprosy as an Endemic Disease in the British Isles*; and demonstrating the longstanding concern with the disease Charles A. Mercier wrote *Leper Houses and Medieval Hospitals* (London: H. K. Lewis, 1915).

both at home and abroad. Leprosy, an elusive bacillus and a frightening disease, epitomised this sense of vulnerability and even, however subconsciously, retribution, and the representations of leprosy in subsequent debates reveal the nature of these complex anxieties.

In 1889, H P Wright, who had already written of his concerns in the *Times*, published *Leprosy an Imperial Danger*,<sup>16</sup> intensifying the attack on the 1867 *Report from the Royal College of Physicians*.<sup>17</sup> Wright personified it, demonised it, expressed its trajectory through metaphors of invasion, and, most significantly of all, equated the individual suffering from the disease with the disease itself: the leper as a breeding ground for leprosy *became* the disease. "In leper lands, that which produces leprosy is not the soil, as in malaria; nor water, as with so many infectious maladies; nor decaying food; nor destitution, as in lathyrism, pelagra, &c. It is the leper" (15). He suggested that lepers might "fertilise" the soil with "their bacilli and spores" contaminating a district "for a period more or less lengthy." (37) Consequently, if a person lived where lepers lived,

---

<sup>16</sup> H. P. Wright, *Leprosy an Imperial Danger*, (London: Churchill, 1889).

<sup>17</sup> The attack upon the College became an attack on the experience of those who compiled the report: "These physicians, many of them necessarily able men, knew, generally speaking, nothing whatever of leprosy ..." (20). Their mistake was to make such a "strong expression of opinion on the subject." They should have been more cautious before they expressed an opinion about the contagiousness of the disease. Their common sense should have led them to realise that the evidence that they had received was "of little worth" because "they who made the returns cared little for lepers, never studied the disease for any length of time, and were, therefore, ill-fitted to give an opinion" (20). After conducting his own survey of the disease, Wright maintained that "The evidence of the contagiousness of leprosy is now so overwhelming, that the Royal College of Physicians will have to reconsider the conclusion at which it arrived on this point in 1867" (49). In addition, he suggested that the possibility of spreading the disease by inoculation "should have been treated with far more respect than it received in the College of Physicians' Report" (54).

even if they did not come into "close proximity," there was always the possibility that "you may be attacked by the disease, and that in a very short period" (15). Eventually, in Wright's rhetoric, an attack from the disease leprosy becomes a "leper attack"(31). The disease was also given demonical dimensions. It "manifests itself" (12); it is an evil that spreads with terrifying rapidity (31-2) to be stamped out (99); it is a foul disease (89); "a frightful scourge ever threatening, and slowly advancing" (116); and it "threatens to become the scourge of the whole earth" (122). Its progress throughout history was figured as the "rapid propagation of a scourge," albeit an arbitrary one: sometimes moving slowly, sometimes with "a fearful rapidity," other times with a "primitive intensity." It invaded, attacked, abounded, prevailed, and ravaged. Most frighteningly, it was immortal: "It is ever alive, ever reviving, threatening without cessation all who approach its haunts..."(16).

It was communicated between races, and was a threat to the white races. Any country "which allows itself to be freely visited by a race infected with the malady" will itself be affected (5); some were more ready to receive it than others: the yellow and black races were more susceptible than the white (13); although some races presented an "aptitude for maturing the leprous agent," none "can claim absolute immunity" (14); it was caught from coloured men (37) and slaves who had been given responsibility for caring for one's children (39-40). Using Munro for support, Wright argued that it spread from race to race "wherever an infected race" was "brought into contact under favourable conditions with a non-infected one" (55). The invasion by leprosy and by another race become



indistinguishable, particularly where the Chinese are concerned: "The invasion of a country by leprosy has always coincided with the introduction of lepers into that country; and races, which have avoided intercourse with leprous people, have remained intact."<sup>18</sup> Most importantly, Wright was explicit about the potential threat that leprosy posed to England. The disease, he predicted, "will ruthlessly invade our colonies" (93) and again become a "common scourge throughout Europe" (93).

This concern was exacerbated in 1889 and 1890 by the unfortunate conjunction of a series of events: the imminent death of the well-known Catholic priest, Father Damien in the leper colony at Molokai, Hawaii; the discovery of leprosy in an Irishman who had never been out of the country<sup>19</sup>; an experiment upon a condemned criminal, Keanu,<sup>20</sup> by Dr Arning, in the Sandwich Isles; and British and American alarm at the discovery of a leprous Swedish immigrant who had crossed the Atlantic. Arguments about contagion drew upon the examples of Damien, Keanu, and the Irishman to become the foundation for a case for compulsory segregation.

---

<sup>18</sup> Wright 92. The sexual connotations in this passage indicate another dimension of concern for preserving the integrity of the race from degeneration. The connections between disease, miscegenation and the fragility of the race are very important for the events that take place in Queensland.

<sup>19</sup> J Hawtrey Benson, "Leprosy in the United Kingdom," *British Medical Journal* 13 April 1889: 860.

<sup>20</sup> Dr Arning presented a paper at the First Dermatological Congress in Prague, June 10-12, 1889 which described how he had obtained permission to suggest to a condemned criminal a choice between death by execution or to use as a subject in a medical experiment. Keanu cooperated with the latter in September 1884 and was injected with leprous tissue. In December 1887, he showed unmistakable symptoms of the disease. In September 1888, he was diagnosed with fully developed leprosy. Once again, it seemed inescapable that the disease could be conveyed by inoculation, specifically vaccination - that it was contagious in this way. ("The Inoculation of Leprosy" *British Medical Journal* Jan. 11 1890: 90-1). Subsequent medical reports on April 19 1890: 909 and 917-8 revealed that members of his immediate family had already been exposed to the disease: "his son, his nephew, and his brother-in-law were victims of the disease" - and the case sank into oblivion. Most of the literature of the time that argued the case for contagion referred to this ethically suspect experiment for support.

Damien was represented as a martyr to the monstrous decay wrought by leprosy: "Leprosy had done its work - in turns, at his ears, his eyes, nose, throat, his hands, and his lungs. ... He is completely disfigured ...".<sup>21</sup> The Father Damien Memorial Fund was launched by the Prince of Wales who, in the opening speech, described the alarming spread of leprosy in India and the British Empire.<sup>22</sup> The case of the Irish leper dated back to 1877, but it was resurrected by the consulting doctor in a letter to the *British Medical Journal*<sup>23</sup> in order to argue against those who maintained that there were no instances of contamination in the British Isles. In this case, the brother of a young man, who had served with the Far East Company in India, and who had returned to Ireland with leprosy and died there, had contracted the disease. It seemed to be an irrefutable case of contamination, and, as such, was even more terrifying than Damien's because it was so close to home. In addition, case studies on the ability of one infected individual to contaminate a whole community were being reported.<sup>24</sup>

A flurry of attention was concentrated on the potential for an outbreak in Great Britain. An editorial in the *Journal*, at the end of March, entitled "Leprosy in the United Kingdom" seeking to allay alarm, conceded with some justification that the subject had

---

<sup>21</sup> "A Victim of Leprosy," *British Medical Journal* 26 Jan. 1889: 222.

<sup>22</sup> "The Spread of Leprosy: The Father Damien Memorial Fund," *The British Medical Journal* 23 June 1889: 1424-5. The Prince of Wales announced that there were 250 000 lepers in India, and the College's report was instrumental in "the repeal of legislative enactments in the empire for the compulsory segregation of leprosy" and the subsequent increase of the disease. (1424)

<sup>23</sup> *The British Medical Journal* 13 April 1889: 860-1.

<sup>24</sup> "Transmission of Leprosy," *British Medical Journal* 12 Jan. 1889: 93.

come to preoccupy both medical discussion and "the public mind." It explained how the medical mind had been impressed with the discovery of the leprosy bacillus, with Arning's experiment with Keanu, and how the popular imagination had been riveted by the death of Damien: "For these and other reasons the subject of leprosy has recently cropped up from time to time in magazines and newspapers, in addition to being a subject of discussion in medical journals."<sup>25</sup>

In their attempts to reassure, the editors of the *British Medical Journal* constantly reiterated that "leprosy is rarely seen in this country"; "cases of leprosy in this country are very uncommon"; "there is no evidence that the disease spreads by contagion in England"; "we are satisfied that there is no cause for alarm"; "We are satisfied that on the part of the general public there is no reason for fear or anxiety" (722). In support of this editorial, the statistics of cases presented to the *Dermatological Society in the United Kingdom* were published in the same issue of the *Journal* (734).

These efforts must not have defused public concern because a further editorial in June suggested that "the leprosy question is becoming one of the questions of the day."<sup>26</sup> It welcomed public discussion in the hope that attention to "this great pest" would result in convincing Governments that the disease was contagious and so lead to "enforcing compulsory segregation." Subsequent concern about the disease became increasingly

---

<sup>25</sup> "Leprosy in the United Kingdom," *British Medical Journal* 30 March 1889: 721.

<sup>26</sup> "Leprosy," *The British Medical Journal* 15 June 1889: 1364-5.

focussed on leprosy in the colonies. It began to be monitored with increasing attention and an eye to the possibility of its "coming home." Lepers in India were reported as uncontrolled and uncontrollably spreading germs by sitting on iron railings outside a school attended by European children, selling fruit, and contaminating the wells of the city. They were depicted as interchangeable with the bacteria: "The Principal of St Xavier's College stated that the lepers rubbed their sores against the iron railings surrounding the Elphinstone High School, and that the boys afterwards sat upon them."<sup>27</sup> There was a call for additional powers so that the Health Department could "deal effectively with the evil," and a suggestion made that police powers could also be increased.

A letter to the *Journal* in June summarised the spirit of the times: the 1867 Report was "dangerous and full of false conclusions" and as a result "we are now threatened with it at home," but "timely preventative measures in our Indian and Colonial possessions" will take care of the problem: "If we legislate in India and in the colonies, enough will be done; we shall check the disorder at the spring head."<sup>28</sup> One study presented sixteen cases which it used to develop an argument for "a system of precaution, of segregation, ... regulations influenced and dictated by a spirit of Christian charity," characterised as a duty imperative upon England ... " in order to stamp out the disease."<sup>29</sup>

---

<sup>27</sup> "Lepers in Bombay," *British Medical Journal* June 1, 1889: 1261.

<sup>28</sup> Frederick Simms, "Etiology of Leprosy," *British Medical Journal* 29 June 1889: 1491.

<sup>29</sup> James Donnet, "Clinical Notes on Leprosy," *The British Medical Journal* 10 August 1889: 301-5.

The case for the policing and control of those with leprosy was strengthened by the discovery of the Swedish immigrant with severe facial deformities who had managed to pass medical inspection as she travelled to the United States of America via Liverpool.<sup>30</sup> She was promptly returned by the Americans to Sweden, once again via Liverpool, where she spent sufficient time in the Workhouse Hospital for the English doctors to examine her and present her case to the *Journal* with photographs. They wrote that "The patient was well isolated during her stay here, and was regarded by the public as a most dangerous inhabitant."<sup>31</sup>

The push for legislation intensified, and South Africa and New South Wales enacted laws to detain those diagnosed with the disease in response to this British anxiety. The *British Medical Journal* was full of praise for the measures enacted in these colonies: "the public of England would be making a very great mistake if they supposed, because they heard of isolated cases of leprosy in distant parts of the colony, that the matter was not being dealt with by the Government of the colony."<sup>32</sup> In fact, the article maintained that in no part of the world were such responsible measures being taken. Prompted by the discovery of several Europeans with the disease, a Leprosy Bill was passed in New South Wales with

---

<sup>30</sup> "Correspondence: The Leprosy Case and Medical Inspection of Emigrants at Liverpool," *British Medical Journal* 31 May 1889: 1278.

<sup>31</sup> "Reports on Medical and Surgical Practice in the Hospitals and Asylums of Great Britain, Ireland, and the Colonies: Liverpool Workhouse Hospital: Interesting Cases," *British Medical Journal* 5 July 1890: 20-21.

<sup>32</sup> "Cape of Good Hope," *British Medical Journal* May 3 1890: 1047.



"promptitude and uncompromising thoroughness" on November 20, 1890.<sup>33</sup>

In the sheer number of sufferers, India presented a problem to the logistics of compulsory detention. A public meeting was held in Bombay, a committee was appointed to establish proper housing and care for lepers, and demands were made to the Government for legislation and regulated leper asylums.<sup>34</sup> Then a decision was made to postpone the legislation until an investigation, planned by the *Committee of the National Leprosy Fund*, had taken place,<sup>35</sup> though this did not stop the suggestion that a leper colony be founded on one of the uninhabited islands of the Indian Ocean.<sup>36</sup> Then, in October 1890, an article appeared outlining the difficulties presented by the Indian situation. Obstacles to segregation such as expense, the sheer physical difficulty of providing a leprosarium for so many, and "native opposition" were noted. It concluded that the Government was well justified in not making any hasty decisions about an Act.<sup>37</sup> It would seem that the very real threat of retaliation and opposition from the colonised, in this case, outweighed anxieties about unseen colonisers.<sup>38</sup>

---

<sup>33</sup> "New South Wales," *British Medical Journal* 4 April 1891: 779. Reports in the *Journal* on 20 Sept. 1890 and 8 Nov. 1890: 1094 heralded the introduction of the bill.

<sup>34</sup> "Legislation for Lepers," *British Medical Journal* 16 August 1890: 399.

<sup>35</sup> "The Leprosy Question in India," *British Medical Journal* 23 August 1890: 469.

<sup>36</sup> "Proposed Leper Colony in the Indian Ocean," *British Medical Journal* 13 Sept. 1890: 639.

<sup>37</sup> "Leprosy in India," *British Medical Journal* 11 Oct. 1890: 855-6.

<sup>38</sup> British efforts to police the health of India and the subsequent indigenous resistance during the 1896-98 plague is explained by David Arnold in *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India* (Berkeley, Los Angeles and London: U of California P, 1993) 211.

In 1891, the Leprosy Commission in India set about investigating the disease, and for a brief moment of triumph thought that they had isolated the bacterium outside the body.<sup>39</sup> The Leprosy Commission had grown out of the National Leprosy Fund instituted on the death of Father Damien. Its first meeting was held on June 17, 1889, and the Prince of Wales was President. Its second meeting was held as a subscription dinner at the Hotel Metropole, London.<sup>40</sup> The Fund appointed a Commission of three (from the Royal College of Physicians, the Royal College of Surgeons, and the General Committee of the National Leprosy Fund) with two representatives from the India Auxiliary Committee to investigate the disease in India.<sup>41</sup> They left England on October 23, 1890, finished their research in late 1891, and prepared their report. They had been sent to do what the 1867 Report had failed to do, but their efforts were no less free from censure and controversy. According to Tebb, the publication of their report was held up on the excuse that the statistics on leprosy in India had not yet been completed, but, in reality, because their conclusions were "strongly objected to."<sup>42</sup>

---

<sup>39</sup> Articles in the *British Medical Journal* trace the journey taken by the Commission: 7 February 1891: 296; Feb. 28, 1891: 475; 5 May 1891: 1137; 6 June 1891: 1222-3; 20 June 1891: 1230-1; 27 June 1891: 1395. The mistaken discovery was not the only big disappointment of these years. Koch thought that he had discovered a vaccine for tuberculosis in 1890. His "discovery" was announced in the *Times* as "The Cure for Consumption" on 29 October 1890: 5.

<sup>40</sup> William Tebb, *The Recrudescence of Leprosy and its Causation: A Popular Treatise* (London: Swan Sonnenschein, 1893) 295.

<sup>41</sup> Tebb 296-7. Beaven Rake, George Buckmaster, and Alfred Kanthack were appointed from the College, the General Committee, and the Surgeons respectively. The appointees from India were Surgeon-General Barclay and Deputy Sanitary Commissioner Surgeon-General S J Thompson.

<sup>42</sup> Tebb 298.

"A Memorandum on the Report of the Leprosy Commission" was issued by the National Leprosy Fund as a preface to the actual report.<sup>43</sup> The memorandum frames the conclusions of the report and distances itself from some of the most significant:

- (1) Leprosy is a disease *sui generis*; it is not a form of syphilis or tuberculosis, but has striking aetiological analogies with the latter.
- (2) Leprosy is not diffused by hereditary transmission; and for this reason, and the established amount of sterility among lepers, the disease has a natural tendency to die out.
- (3) Though, in a scientific classification of diseases, leprosy must be regarded as contagious, and also inoculable, yet the extent to which it is propagated by these means is exceedingly small.
- (4) Leprosy is not directly originated by the use of any particular article of food, nor by any climatic or telluric conditions, nor by insanitary surroundings; neither does it peculiarly affect any race or caste.
- (5) Leprosy is indirectly influenced by insanitary surroundings, such as poverty, bad food, or deficient drainage or ventilation; for these, by causing a predisposition, increase the susceptibility of the individual to the disease.
- (6) Leprosy, in the great majority of cases, originates *de novo*, that is, from a sequence or concurrence of causes and conditions, dealt with in the report, and which are related to each other in ways at present imperfectly known.<sup>44</sup>

The National Leprosy Fund stated in their Memorandum that they only accepted conclusions 1, 2, 4, and 5. They disagreed with the third on contagion and inoculation and the sixth on the origin of leprosy because "the evidence adduced does not justify the conclusions."<sup>45</sup> In addition, the Commission did not endorse compulsory segregation.

---

<sup>43</sup> *Leprosy in India: Report of the Leprosy Commission in India 1890-91* (Calcutta: Superintendent of Government Printing, India, 1893).

<sup>44</sup> Tebb 299.

<sup>45</sup> Tebb 301.

They had written that "No legislation is called for on the lines either of segregation or of interdiction of marriages with lepers"<sup>46</sup> because, they maintained, "Neither do the conclusions given before as to the nature of the disease justify any recommendation for absolute segregation."<sup>47</sup> Most strongly, they advised against any Imperial Act to contain lepers:

... The Commissioners believe, from the considerations and arguments adduced in the foregoing report, that neither compulsory nor voluntary segregation would at present effectually stamp out the disease, or even markedly diminish the leper population, under the existing conditions of life in India. (302)

The Leprosy Fund refused to endorse this recommendation, stating that they "entertain a precisely opposite opinion," and they appended recommendations for segregation. The Executive Committee of the Fund signed off on the memorandum with a number of postscripts.<sup>48</sup> One of the differing opinions is provided by another member of the Executive Committee, Dyce Duckworth, from the College of Physicians. He maintained that there was no evidence to suggest that "a leper in any community is a source of greater danger than is a consumptive patient," and that it would be "absurd on the face of it to adopt stringent laws for the leper and to let the syphilitic person go free." He argued that "the intelligent layman now imagines that because bacilli are an essential feature of

---

<sup>46</sup> Tebb 301.

<sup>47</sup> Tebb 301.

<sup>48</sup> Jonathan Hutchinson, a member of the Royal College of Surgeons, who had promoted the fish hypothesis added a dissenting opinion as to the origin of the disease, suggesting that the Commissioners' opinion on the origin of leprosy meant that "the disease may begin independently of personal contagion and connection with climatic and dietetic causes" (304). He also differed from the Committee on the matter of compulsory segregation.



leprosy, therefore, the disease *must* be readily contagious. This is simply quite contrary to fact."<sup>49</sup>

This was how things stood in 1891 and 1892. The elusive bacillus held the field by virtue of its suggestive power. A definitive and exhaustive work on leprosy was published in 1891 by George Thin and was reviewed in the *British Medical Journal*, the *Lancet* and the *Australian Medical Journal*. It argued strongly for compulsory segregation, and turned the arguments of the anticontagionists against themselves, to demand that "every possible means should be taken to lead to the destruction, and prevent the dissemination of, the bacilli and spores with which the body of every unfortunate leper is teeming."<sup>50</sup> Other contributions to the debate followed.<sup>51</sup> In 1893, William Tebb's *The Recrudescence of Leprosy* argued that the disease was being spread by vaccination. In 1895, Hansen's *Leprosy in its Clinical and Pathological Aspects*<sup>52</sup> finally made it into English translation and contributed some clarity, logic, and common sense to the debate, but Norway's

---

<sup>49</sup> Tebb 304.

<sup>50</sup> George Thin, *Leprosy* (London: Percival, 1891) 166.

<sup>51</sup> Edward Ehlers, *On the Conditions Under Which Leprosy has Declined in Iceland and the Extent of its Former and Present Prevalence; Danish Lazar-Houses in the Middle Ages*; S. P. Impey, "Leprosy in South Africa: A Report on the Facts as to the Recent Increase of Leprosy at the Cape and its Prevalence in South Africa" in *Prize Winning Essays on Leprosy* (London: New Sydenham Society, 1895): 191-227; S. P. Impey, *A Handbook of Leprosy* (London: Churchill, 1896); Jonathan Hutchinson, *On Leprosy and Fish-Eating: A Statement of Facts and Explanations* (London: Archibald Constable, 1906).

<sup>52</sup> G. Armauer and Carl Looft, *Leprosy in its Clinical and Pathological Aspects* (Bristol: John Wright, 1895). It was reviewed in the *Australian Medical Journal* 20 September 1895: 429-30.



control of leprosy by segregation had already been taken up in the wrong spirit,<sup>53</sup> and the degree of contagiousness of the disease was too subtle for the imagination of most. More importantly, other factors were at work.

The imagining of leprosy, a threat in itself, served as a vehicle for a larger disquiet: it externalised the threat of bodily and social degeneration in the Empire. Its potency, enhanced by germ theory, developed the disease's metaphoric purchase, preventing the 1867 and 1892 reports from being accepted and acting as a conduit for expressing the threat of engulfment and metamorphosis both in and from the colonies. Barrell's study *The Infection of Thomas de Quincey*, describes a world in which populations teem from the colonies - colonies of bacteria: "The Orient is the place of a malign, a luxuriant or virulent productivity, a breeding-ground of images of the inhuman, or of the no less terrifyingly half-human, which cannot be exterminated, except at the cost of exterminating one's self ..." (19). The ancient disease of leprosy, newly exposed as a bacillus, suggests the endless multiplication of meaning for the Orient in the Western mind. As Haraway puts it, "In the face of the disease genocides accompanying European 'penetration' of the globe, the 'coloured' body of the colonized was constructed as the dark source of infection, pollution, disorder, and so on, that threatened to overwhelm white manhood

---

<sup>53</sup> For a discussion of the methods of segregation employed in Norway, their effects, and their interpretation by the rest of Europe, see Gussow. He writes that "Norway's concern for the basic freedom of its leper population extended to the care and treatment they received in hospitals, reaching into high places and affecting high officials, among them Hansen himself" (78).

(cities, civilization, the family, the white personal body) with its decadent emanations."<sup>54</sup>

An Orientalised disease became a trope to express orientalism; leprosy altered the boundaries of the body, and as the boundaries of the bodies of colonisers were metamorphosed by the disease, the metaphorisation of leprosy embodies Imperial anxiety about the transforming, engulfing powers of the Orient.

---

<sup>54</sup> Donna J. Haraway, *Simians, Cyborgs, and Women: The Reinvention of Nature* (London: Free Association Books, 1991) 223.

## Section 2

### Chapter Six

#### *Colonial Cordon Sanitaire*

*Quarantine and isolation were accepted measures for the control of epidemics late in the nineteenth century. Many scientists believed that quarantine would be equally effective when applied to leprosy, despite the fact that leprosy was known to be a chronic disease with a long incubation period.<sup>1</sup>*

World-wide anxiety about the effects of the migrations of large populations was transmuted at the end of the nineteenth century into quarantine measures and legislation to control disease. Australia and, specifically, the colony of Queensland imagined itself as extremely vulnerable to diseases that could only arrive from tides of immigration. Although ideas of quarantine were hotly debated in the nineteenth century, they were enforced in the Australian colonies because the idea of quarantine provided a sense of security as a counterpart to the imagined fragility of the health of the colony. Quarantine as spiritual or moral stockade and as protection from disease-bearing germs can be seen as the symptom of a fortress mentality which combined the sense of Australia as "pure" - a "clean slate" on which to build something that did not continue the problems of the past, a sort of social experiment - with a sense of the island continent as an extremely vulnerable isolated society. Enclosed within the fortress, the colony found itself progressively relegating those elements of society outside its boundaries to the category of contaminants.

---

<sup>1</sup> Zachary Gussow, *Leprosy, Racism, and Public Health: Social Policy in Chronic Disease Control* (San Francisco and London: Westview Press, 1989) 83.

In Melbourne at the beginning of 1891, when a Public Health Act was legislated and a Board of Public Health established, an expert in sanitary science, Dr Greswell, was appointed. His task was defined as a spiritual one:

He has to rescue a new city from the perils of filth-diseases. He has to persuade a people sunk into indifference to nearly all health conditions, that dirt in its larger meaning is the potential factor of untold calamities. He will have to be an apostle of physical purity, preaching for ever the evangel of that grace which is placed next to godliness. And in this crusade against misplaced matter, he had the good wishes and the goodwill of all truly good men and women.<sup>2</sup>

The colony needed to be protected from and had so far managed to escape some of the major epidemics that were sweeping Europe. The sense of fragility and thus the need for vigilance was heightened as the progress of epidemics such as influenza, cholera, and smallpox were constantly monitored in the daily newspapers. But the imagined fragility of the country was also due to concerns about the basic infrastructure, such as the water supply, sewerage and drainage of the growing cities. The President's address in the *Australian Medical Journal* at the beginning of 1891 emphasised this: "This city, and for the matter of that, this colony, is in continual peril, by reason of its insanitary conditions, and it is our duty, as members of the medical profession, never to relax our efforts to bring about a better state of things."<sup>3</sup>

Life expectancy at birth in the Australian colonies in 1892 was 49.6 years for males and 52.9 years for females, and at two years of age, 56.37 for males and 58.74 for females. This was better than England and was explained as a result of "the more favourable

---

<sup>2</sup> "President's Address," *Australian Medical Journal* 15 Jan. 1891: 22.

<sup>3</sup> "President's Address," *Australian Medical Journal* 18 Feb. 1891: 88.

conditions under which the inhabitants of a new and not yet overcrowded country are brought up."<sup>4</sup> But this self-congratulatory tone was mitigated by the awareness that, paradoxically, this new country was subject to exactly the same problems as those experienced in England:

... we here living in a new country, with every condition afforded us for making a fresh departure in respect of disease-prevention, are, at this moment, no better off than our prejudiced and conservative friends in the northern hemisphere.<sup>5</sup>

Diseases of 1892 were listed as typhoid fever, influenza, tuberculosis, cholera, and small pox.<sup>6</sup> Typhoid and diphtheria had resulted in high mortality rates between 1888 and 1889 and at the beginning of 1890,<sup>7</sup> and these had been even higher between 1876 and 1885.<sup>8</sup> Typhoid was described as "an insidious enemy ... which is continually lurking in our midst."<sup>9</sup> But these years marked a turning point in the realisation that typhoid fever was caused by bacillary invasion and contamination of water, and recognition that influenza might perhaps be caused by germs. As *The Australian Medical Journal* expressed it: "It is difficult to think, at present, of disease as other than the outcome of a bacillus of some kind,"<sup>10</sup> though there was frustration that people were distrustful of "any reference to the

---

<sup>4</sup> *Lancet*, 12 Nov. 1892: 1122.

<sup>5</sup> "President's Address," *Australian Medical Journal* 15 Feb. 1891: 88.

<sup>6</sup> "Presidential Address: Diseases of the Year," *Australian Medical Journal* 15 Feb. 1893: 72-4.

<sup>7</sup> "The New Year," *Australian Medical Journal* 15 Jan. 1891: 48.

<sup>8</sup> Edmund Sager, the Secretary to the State Board of Health of New South Wales cites the mortality figures from typhoid in the years 1876 to 1885 as between 46.07 and 102.17 in 100 000. "Public Health in New South Wales," *Lancet* 10 Oct. 1891: 827.

<sup>9</sup> "President's Address," *Australian Medical Journal* 15 Feb. 1891: 89.

<sup>10</sup> "President's Address," *Australian Medical Journal* 15 Feb. 1891: 93.



microscope in the elucidation in these matters:"

... How many of the community at large really have any suspicion that typhoid fever or cholera is due to swallowing human excrement, or that hydatid disease is due to swallowing dog dirt? The lay mind in fact as regards these matters prefers its own lazy metaphysical speculations ...<sup>11</sup>

In spite of the growing awareness of the microbial causes of diseases amongst the medical profession, something like diphtheria was still a disturbing and puzzling threat that improved sanitary measures had failed to contain, although it was suspected that the disease continued to increase as more children were crowded together in schools.<sup>12</sup>

Quarantine was considered a necessary measure "as a preventative of invasion"<sup>13</sup> and while the English doctors had decided against quarantine, arguing that it only served to spread disease because it provided a false sense of security and mitigated the need to develop hygiene and sanitation measures in the cities, the *Australian Medical Journal* argued that the unique conditions in the colony made it necessary. They concluded that "it is of paramount importance to neglect no step to keep out the bacillus, and quarantine, though naturally not absolutely safe, is safer for this purpose than medical inspection."<sup>14</sup>

In an editorial in the *Lancet* in December 1892, this antipodean attitude to quarantine was criticised in a farcical description of the panic that arose when the ship *Oroya* berthed in

---

<sup>11</sup> "President's Address," *Australian Medical Journal* 15 Jan. 1894: 31.

<sup>12</sup> "Public Health in New South Wales," *Lancet* 10 Oct. 1891: 827.

<sup>13</sup> "Public Health in New South Wales," *Lancet* 10 Oct. 1891: 827.

<sup>14</sup> "Presidential Address," *Australian Medical Journal* 15 Feb. 1893: 74.

Melbourne. A young man turned out to have small-pox, but, by the time he had been discovered, the passengers were already scattered over Victoria. No one had had small pox in the colony for several years, and any one attempting to enter the country with the disease had always been stringently quarantined. The *Victorian Coffee Palace* where he had been staying was cordoned off, and no one was allowed in or out unless they allowed themselves to be vaccinated. When the first sufferer from the outbreak was located, the same process was repeated and continued in every subsequent case. The editorial argued that compulsory vaccination against small pox was preferable to the compulsory methods of quarantine this outbreak made necessary, for, it contended, this instance "indicates in a forcible manner just that which may be expected from reliance on a system of quarantine against small-pox even in the case of a country which is free from the infection and remote from other countries where the disease exists." It argues that the requirement that people be compulsorily vaccinated against small pox was much less an infringement of liberty than the compulsory quarantine and vaccination that had occurred in this example. It sums up the object lesson: "We are thus provided with an example of that which may be anticipated wherever, under the plea of the liberty of the subject, no law as to compulsory vaccination is tolerated, or wherever any such existing law is repealed."<sup>15</sup> In an earlier article it had referred to Australia as an "unvaccinated nation" and expressed a sense of incredulity, for "people at home who are familiar with small-pox cannot very well understand the extreme sensitiveness of the Australians on the matter."<sup>16</sup>

---

<sup>15</sup> "Editorial," *Lancet* 3 Dec. 1892: 1280.

<sup>16</sup> "Australia: The Outbreak of Smallpox," *Lancet* 13 August 1892: 401.

For the "apostle(s) of physical purity" conducting their "crusade" against impurity, leprosy was an obvious target. The Australian medical community had witnessed a gradual increase in the number of people with leprosy and were concerned both to control it and to allay public concern. There was some uncertainty about exactly how many cases there were, and even more about how many had gone undetected. In 1890 there were 25 patients with leprosy in the Coast Hospital in New South Wales: 16 Chinese, one Javanese, one West Indian, and 7 Europeans.<sup>17</sup> *The Australasian Medical Gazette* stated that "the disease has become very widely distributed."<sup>18</sup> The Medical Board conducted inquiries into the history of the known patients, as well as "an examination of their immediate relatives and intimate associates, with a view, if possible, of detecting and checking any spread of the disease." At the end of that year, J. Ashburton Thompson, the Medical Officer for New South Wales, went to Norway "to learn how lepers were dealt with under Norwegian law, and how they were medically treated."<sup>19</sup> By the beginning of 1892, the *Gazette* cautioned people against "taking unnecessary alarm" at the increased numbers. It described the newly released leprosy report from the Board of Health of New South Wales as disclosing "a state of disease which some of our lay contemporaries have not unpardonably regarded as alarming." Nonetheless, it pointed out that a moderately

---

<sup>17</sup> C. R. Boughton, "Leprosy in Sydney: A Brief Account," *Medical Journal of Australia* 2 (1977): 352.

<sup>18</sup> "Leprosy in New South Wales," *The Australasian Medical Gazette* June 1891: 280. This article noted the necessity for segregation: "In adopting the system of segregating cases of leprosy the board has had before it the fact that the disease is, so far as at present known, incurable, and that its efforts must be directed to prevent its reproduction or spread" (280).

<sup>19</sup> J Ashburton Thompson, "The Treatment of Leprosy: Tuberculine," *The Australasian Medical Gazette*. December, 1891: 74. He also reported on the use of tuberculine and its failure as a possible cure.

attentive reader would note that the same number existed in the colony twenty years ago: "It has to be remembered that none of these were recent cases after all; they had all been ill for some years, and their discovery was due entirely to the law of November, 1890."<sup>20</sup>

The best measure that the colony could adopt to deal with leprosy was an intensified form of quarantine.<sup>21</sup> Sanford Jackson, the resident doctor for the Brisbane Hospital was asked by the Colonial Secretary for suggestions for dealing with cases. He wrote that "while it may be expedient on occasion to admit and isolate a case in a tent on the hospital grounds - popular prejudice is justly against them being retained." He suggested a temporary settlement in some quarantine ground near Brisbane, for example, "a tent at Dunwich, surrounded by a pallisading fence" where "patients could be locked in, and food supplies left at the gate until transport to Torres Strait is arranged."<sup>22</sup> The doctor was suggesting that this disease could only be contained behind a fortress on an island, a prelude to the commencement of a form of quarantine which would become a life sentence for leprosy sufferers.

Gussow argues that leprosy was recognised in response to a specific political environment, pointing out that in the 1890s more attention was devoted to the disease worldwide than at

---

<sup>20</sup> "Editorials: Leprosy in New South Wales," *Australasian Medical Gazette* 15 March 1892: 165-6.

<sup>21</sup> "Leprosy in New South Wales," *Australasian Medical Gazette* June 1891: 280.

<sup>22</sup> *QSA* Col 264: No. 02195 "Response" 24 Feb 1891.



any other time: "Leprosy gained enormous importance as a social problem of Western nations during the final decades of the nineteenth century."<sup>23</sup> The readiness to identify and deal with the disease of leprosy in Queensland was prompted initially by a colonial willingness to respond to the English fear (which in turn concealed a crisis of social integration) that it would return to England. Queensland, New South Wales, and South Africa had responded most promptly to this concern. In addition, however, domestic motivation to take control of leprosy sprang out of very specific anxieties about biological and moral contamination. This anxiety developed, in an atmosphere of economic crisis, out of a series of decisions with which the colony was faced in the final years of the nineteenth century. The rather blundering attempts to deal with the disease in Queensland were thus taken in response to extreme internal pressures and, at the same time, to one of many of the extra-colonial pressures of Empire.

\*\*\*

Ostensibly, the colony of Queensland imagined itself as internally integrated, connected with the rest of Australia, part of the Empire, and in communication with the rest of the world. *The Brisbane Courier*, in the decade from 1890-1900, indicated interest in the local, the inter-colonial, and global events. The "Summary of the News" consisted in snippets of local and worldwide interest such as Cable Messages from overseas, an Intercolonial section on news from the other colonies, and Queensland news from regions and towns in the colony.

---

<sup>23</sup> Gussow 19.



Nevertheless anxiety in terms of issues of unity, homogeneity and identity was constantly being expressed. At the beginning of 1892, the colony was described as being in crisis.<sup>24</sup>

Cilento and Lack summarise this period as

the crucial epoch in the history of Queensland and, indeed, though less obviously, Australia. It brought intercolonial friction on the subject of coloured labour to a point that threatened permanent and hostile separatism, though, ultimately and paradoxically, it resolved itself into Federation! It produced the labour movement that, in a generation, was to dominate politics; with it, it brought in, by the advocacy of such great men as S.W. Griffith, and almost as a article of faith, the "White Australia" policy, a *sine qua non* for survival. It provoked that critical cleavage between the "vested interests" of the squatters, the "beef barons" and the Banks on the one hand, and the landless workers and artisans on the other, that, in its most dramatic expression, resulted in the shearers' strikes of the Nineties in Queensland, and the maritime strikes of the same period. The ripples from these rolled for sixty years in ever-widening circles. (427)

The sense of economic insecurity was pervasive. The *Brisbane Courier* reported "the unstable condition of fiscal and commercial affairs in the city,"<sup>25</sup> and there was a consensus that the prosperity of the colony was an imperative that the parliament was required to deal with.<sup>26</sup> The *Australian Medical Journal* commented retrospectively that in Australia 1892 would be remembered as "one of financial disaster, of anxiety and depression, affecting members of the medical profession in common with everyone else."<sup>27</sup>

---

<sup>24</sup> "The Governor's Speech," *Evening Observer* 29 March 1892: 4.

<sup>25</sup> "Editorial," *Brisbane Courier* 10 Feb. 1892: 5.

<sup>26</sup> "The Governor's Speech," *Evening Observer* 29 March 1892: 4.

<sup>27</sup> *Australian Medical Journal* 15 Jan. 1893: 43.

Anxiety about colonial identity thus combined with economic anxiety in a debate over the reintroduction of kanaka labour. In this debate, economic survival was balanced against fears about the possible consequences of a change in ethnic composition and subsequent degeneration in the colony. In 1892, the same year that James Quigley's leprosy came to public attention, Sir Samuel Griffith's *Manifesto To the People of Queensland*, announcing his change in policy, expressed the concerns of the period from the point of view of a politician who, for reasons that are still the subject of speculation, changed his stance on an issue by means of which he had been given a mandate to govern. Originally, Griffith had been elected promising that he would end kanaka labour in the colony. Now he argued that a bill to reintroduce kanaka labour in the colony was necessary for its economic survival. To do this, he had to explain his earlier position on the issue. The *Manifesto*<sup>28</sup> appeared to address a problem of interest to all in a time of "depression" and "uncertainty" so as to attempt "a restoration of prosperity throughout the colony." He stressed the vital importance of the issue by setting up an opposition between the "condition of sugar" and the "difficulty of obtaining labour for carrying it on," a difficulty which was compounded because "we all" directly or indirectly "depend for our livelihood on the products of the land of the colony." This conjunction of problems was "a matter of national concern."

Griffith then described himself as "the most determined opponent of the introduction of servile or coloured labour in Queensland," and explained that his main reason for

---

<sup>28</sup> This appeared as a single sheet broadsheet which presumably must have been circulated amongst the people.

opposing indentured labour was that it was "injurious to the best interests of the colony regarded as a home for the British race." His other reasons for opposition were that the prevalence of large landed estates encouraged both a high degree of absentee ownership and gang labour; that field labour in tropical agriculture was degrading and unworthy for whites; and an unfranchised, servile population was considered "not compatible with the continuance of our free political institutions." There were also instances of scandalous abuses in the South Sea Island trade. The decision to end the importation of indentured labour and the subsequent legislation in 1885 had taken place, he explained, in response to certain circumstances and effects that had since changed; nonetheless, the decision to end the importation of indentured labour was not to gainsay the 1885 legislation which had been "the right policy to be adopted by the country at this time." Now, however, these very policies, paradoxically, made the reintroduction of Polynesian labour an acceptable, although not wholly welcome, possibility.

Arguing both ways - that the 1885 legislation had worked and that its effects had been blocked - he maintained that the changes produced by the legislation would all have contributed to a restructured industry, but that selfish interests had sabotaged the efforts of those who had attempted to make the new system work. The conservatives had "set their faces against any change" and "did all in their power to compel a return to the old objectionable state of things." On the other hand, the "working population" were equally obstructive, for "there has arisen a body of men, claiming to be leaders of thought, who by their action rendered it impossible that the experiment of the employment of white

labour in tropical agriculture should be fairly tried."

There were two pivotal aspects to his explanation for a change in policy: one was the difficulties presented by "a certain group of men" (the workers) who refused field work in the tropics as degrading or priced it at a level that the industry could not afford. These were the men who would "neither engage in the work themselves, nor, so far as they can prevail, allow anyone else to do so." The second pivotal aspect of his explanation was the importance of ensuring that the colony be established by the British race. Griffith argued that unless Polynesian immigration was resumed, the European settlement of the colony would be in jeopardy. Earlier, he had argued that the importation of indentured labour should cease for the sake of the colony and the interests of the British race; now he argued that its continuance was necessary for its survival. In fact, "those who keep steadfastly in view the great end of settling a European population upon the lands of the colony" and who were concerned with "our free political institutions" would not be put off with either the "temporary change in the means" to ensure the survival of both, nor would they be concerned with any charges of inconsistency. This second aspect of the argument was redeployed by the end of the *Manifesto* in a manner that did not conflict with the proposed shift in policy.

The rhetorical structure of the document is subtle, but the issues that govern the debate belong to the same discourses that circulated in the broader debates about survival of the race in tropical countries - governing everything is the argument that "tropical agriculture

could not be performed by white men and that the employment of coloured labour was therefore inevitable" - an argument that Griffith himself acknowledged he did not find persuasive, but which raised an issue that had affected the sugar industry at every stage of its development.

The key issue for the colony in the debate that followed the *Manifesto* was the racial identity appropriate for the colony: would the reintroduction of kanaka labour mean that the colony was to be predominantly European or not? There were already perceptions of a growing Asian population representing a threat to the survival of the European races. One letter to the *Brisbane Courier* argued through a series of displacements of less threatening solutions to the labour problems facing Queensland that, if the sugar industry were not bolstered by indentured labour, the North would be left to the Chinese who had already demonstrated their agricultural acumen by taking over the banana industry:

I have reason to believe the whole of the northern part of the colony along the seaboard ... will before three years are expired be leased by Chinese syndicates for the growth of sugar, rice, and tea. ... Once the Chinaman gets his grip on these fertile lands, he will hold to them with the tenacity of the bull dog. ... The white man is crushed out by the Chinkee wherever he comes in contact with him. ... This is the danger I beg leave to point out which will arise if the kanaka is not allowed to come here. The kanaka forms no ties; he spends all he earns among the white people; he does not compete in the skilled labour market; is no danger to the community, and is in fact a bird of passage.<sup>29</sup>

These tensions were aggravated by a sense of vulnerability and fear of degeneration of the European races who would be at the mercy of changes produced by acclimatization. The *Daily Herald* argued the impossibility of the climatic conditions for white labour:

---

<sup>29</sup> "Letters to the Editor: Kanaka v Chinaman," *Brisbane Courier* 16 March 1892: 7.



People down South may prate about these things, but they never experienced such a forecast of sheol as obtain in the "Gulf," where the thermometer registers 110deg in the shade day after day, 100 deg in the night-time, and that for six months at a stretch. White men cannot stand this, and the introduction of Italians and Javanese has not only proved already a failure, but a danger and menace to the country. The employment of kanakas also means employment for the Queensland worker without the aid of paid agitators.<sup>30</sup>

Alarming, perhaps, for those in the north, the *Daily Telegraph* reproduced an essay by D. Christie Murray<sup>31</sup> which discussed the effect of climate and environment on race. In the process of an optimistic forecast of the evolution of a "new racial type" ("taller, slimmer and more alert") in the nation generally, it predicted that "In the northernmost parts of Australia, it is evidently impossible that any race of men can for many generations preserve the characteristics of European peoples." The prospect of degeneration for those living in the tropical climate of northern Queensland was a subject for speculation and an obvious source of anxiety. These concerns only veiled a more insidious threat - that of miscegenation - mixed-race marriages would produce a degenerate type. It was also feared that the descendants of the early European immigrants were "enfeebled and infertile" (280). Whether through the effects of interracial breeding or in consequence of the climate, the very possibility of the existence of whites in the North seemed to be threatened.

But these concerns had to be weighed against economic imperatives. Anxiety about the composition of the colony was expressed in the moral and ethical context of how the land

---

<sup>30</sup> "Black Labour Question," from the *Daily Herald* 3 Feb. 1892, in *Brisbane Courier* 6 Feb. 1892: 5.

<sup>31</sup> *Daily Telegraph* 10 Oct. 1891: 1.

should best be improved:

It is a beautiful conception that the great island continent of Australia should be kept as the close preserve of the English, Irish, and Scottish peoples and their descendants, that foreign persons and Asiatic and other servile aliens should be rigidly excluded from permanent residence within our borders, and that the representative Australian of the future shall be the apotheosis of humanity.<sup>32</sup>

But we cannot always have what we want:

... Experience teaches that the conception is a mere dream, and if we would discharge our duty to the land in which Providence has placed us we must accept useful help from whatever quarter it may come.<sup>33</sup>

Duty to use the land and to make it "bear fruit," as a fulfillment of the requirements of divine Providence, demanded a more expedient response to the availability of Asiatic and black labour: "Ours is a case of necessity that knows no law." In fact, the argument went that, when the colony decided to revoke the act permitting the importation of kanaka labour in 1887, Europeans in the colony had gone against God and Nature:

In 1887 the *vox populi* proclaimed a reversal of the Almighty's decree with respect to the unchangeable conditions of tropical agriculture but those conditions have subsisted all the same, and subsequent experience has too painfully taught most of us the folly of fighting against God. Clearly, it is man's duty as well as privilege to work with, not against Nature.<sup>34</sup>

The economic instability faced by the colony was thus evidence of a failure to follow the dictates of Natural Law. At the same time the increase in the populations of other races meant an increased risk of racial cross-breeding.

---

<sup>32</sup> *Daily Telegraph* 10 Oct. 1891: 1.

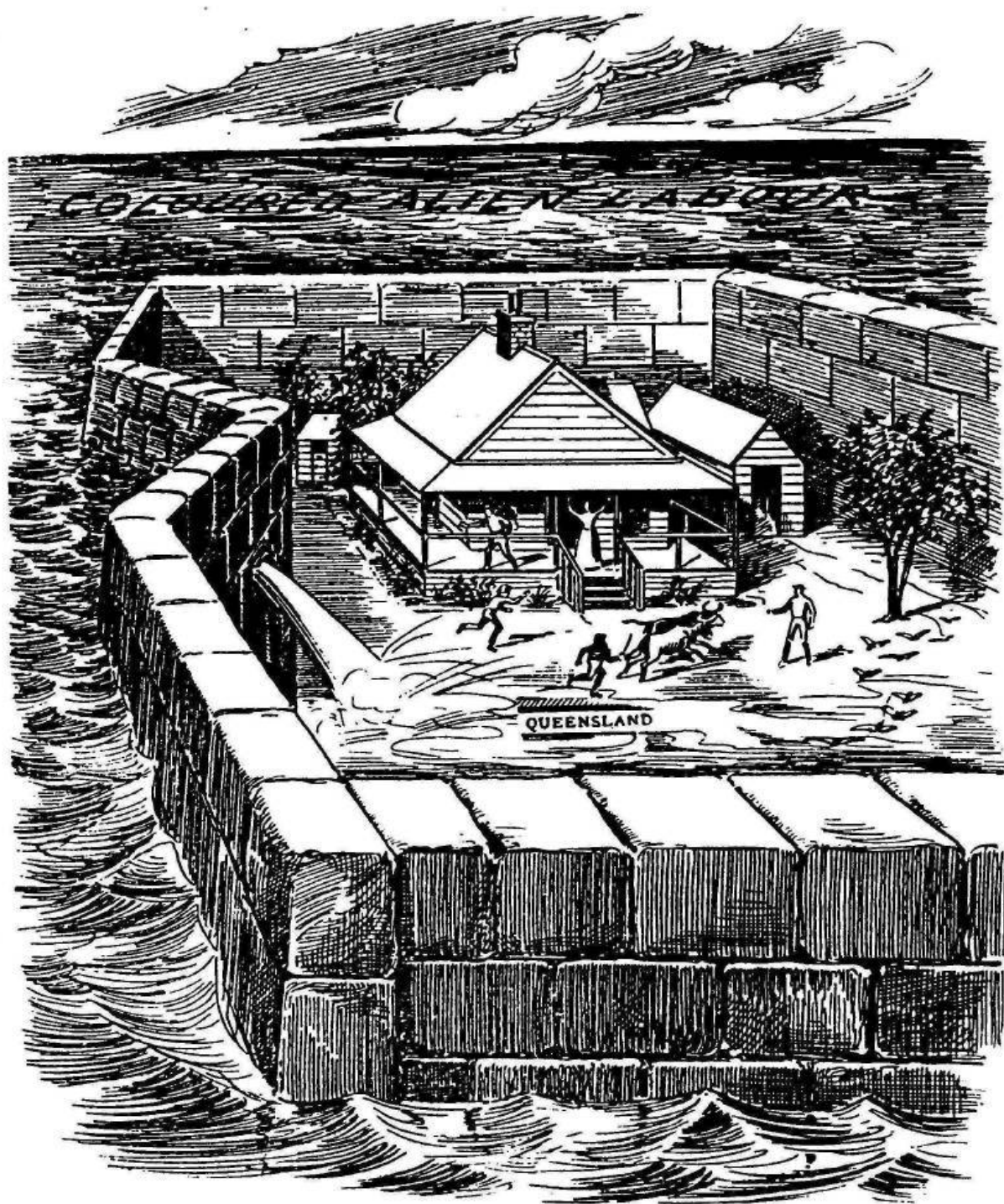
<sup>33</sup> *Daily Telegraph* 10 Oct. 1891: 1.

<sup>34</sup> Summary of the opinions of the press on "The Black Labour Question," *Brisbane Courier* 10 Feb. 1892 and 6 Feb. 2 1892.

The sense of a community in peril from an inundation of "others" was graphically depicted by the *Worker*. In "A More Disastrous Flood than That of '93," the homestead and family of the white settler are threatened by an endless sea of "coloured alien labour." The only protection for the imperiled home and its orderly domestic space is a fortress wall, which has already been breached by the growing flood.<sup>35</sup>

---

<sup>35</sup> "A More Disastrous Flood Than That of '93," *The Worker* 26 Nov. 1898: 4.



A MORE DISASTROUS FLOOD THAN THAT OF '93.

Fig 1

The other Australian colonies weighed into the debate. They considered the thrust towards Northern separation and the proposals to reintroduce alien labour to be motivated by "powerful interests in the northern section of the colony" who were supported by the London press,<sup>36</sup> which "has more than once advocated the introduction of mixed races to supply labor for Northern requirements." They deplored the proposal to employ labour that would not be granted any rights to land or any political franchise. These anti-slavery liberal sentiments are also intermixed with expressions of racial superiority:

[the] plan is to bring in human beasts of burden ... who would be denied all rights of citizenship, even if they were capable of exercising such rights ... No introduction of thinly-disguised slavery must be permitted in these colonies on any pretext, nor any importation of inferior races, who could not fail to become a source of danger and embroilment.<sup>37</sup>

To complicate the anxieties produced by the debate, members of the British House of Commons bitterly condemned the proposal to reintroduce kanaka labour. This condemnation of kanaka labour as slave labour, was simultaneously associated with the colony's treatment of the indigenous population.<sup>38</sup> The *Courier* describes these charges as "wildly calumnious" and observes that "even the defenders of Queensland in the Imperial Parliament speak in ignorance" of the safeguards set in place for the reintroduction of kanaka labour. The "helpful" additional regulations suggested in the parliamentary debate are described by the newspaper as misinformed: "There has been so much calumny and

---

<sup>36</sup> Those interests were people such as the Governor of South Australia, Lord Kintore, the *Daily Telegraph* suggested.

<sup>37</sup> "Alien Labour for Australia," *Daily Telegraph* 21 Sept. 1891: 4.

<sup>38</sup> A member of Parliament, Mr Samuel Smith drew attention to the massacre of 10 000 Aborigines and the Queensland Government's twenty year old permit "for the killing of blacks."



acrimony imported into the discussion ... and at the best its influence in preventing abuses is not to be compared to the Queensland conscience, now thoroughly aroused by the disclosures of the past and by our own debates." The newspaper is so incensed by the failure of the Imperial parliament to understand the position of the colony and its careful attention to regulating the importation of coloured labour that it pointedly suggests that the parliament take care of its own problems.

In doing so it refers to the address of a Reverend Buchanan who compared the hardships of the kanaka, which it describes as fictitious, to those very "real hardships borne by the white man in England itself." It suggests that the application of the term "slavery" to both situations is equally incredible; nonetheless, the newspaper does not restrain itself from concluding that the "home conscience" and the "conscience of Queensland" would not be harmed in becoming sensitised to the "real and grave hardships borne by the so-called slaves of the counter, compared with "the easy billets" of the "recruited kanakas." They therefore conclude defiantly that "It is impossible to believe that the people of the colonies will much longer tolerate an abuse of white labour which they would unanimously denounce as inhuman were it reserved for blacks."<sup>39</sup>

The colony was caught in a very difficult situation. White men refused to do the work. In fact, there was genuine doubt that white men could actually do such work in the tropics, and even if they could, the federation of the working class in the colony set wage demands

---

<sup>39</sup> "Editorial," *Brisbane Courier* 31 May 1892: 4.

for such taxing and potentially dangerous labour. The groundswell in the colony had supported an end to the continued importation of indentured labour. There had been some scandalous and horrific instances of blackbirding and murder on the ships bringing Polynesians to the colony. There was a general sense that the tropics were not conducive to the good health of the colonisers. There was also concern about the growing presence and the commercial success of the Chinese. The economic circumstances were frightening, and cheap, imported labour, which could be returned to the islands every three years seemed to be the only solution to the flagging economy.

The other Australian colonies and the British House of Commons responded by opposing indentured labour as slave labour (and as the introduction of inferior races). In avoiding the threat of degeneration from living and working in the tropics, the colony would be facing another threat of degeneration from an imported "inferior" race: for these men came to the colony without women of their own and in their leisure moments visited both Chinese and white prostitutes.

The discovery of leprosy in the colony (with its complex associations of both degeneration and race) thus had a significant effect on the administrators' sense of order and control, and, if the newspapers are anything to go by, it profoundly disturbed the people who lived there. This concern was then projected onto those who were diagnosed with the disease, and eventually onto those who were considered likely to carry or spread it. If the "other" becomes representative of what we fear becoming and what we fear that we cannot

achieve (as Gilman notes) then the colony's idea of the "leper" with all its degenerative potential began to encapsulate its fear of what it would become. And the degree of anxiety (re)projected onto leprosy was also an indication of the degree of fragility of the colony itself. The administrative response to the "outbreak" thus indicates an imperative to control the perceived potential of the disease to spread, with "disease" and "leprosy" having the broadest social and political resonances. The subsequent events revealed the uncertainties, negotiations, scandals, and readjustments that flowed from that imperative.

The colony of Queensland was at a watershed in terms of political identity. Perhaps threatened with a potentially disadvantageous incorporation into a Federation; threatened by the revolt of Labour and by the Great Strike which brought the State to verge of civil war; and threatened by the separatists with the fragmentation of the colony itself <sup>40</sup>; when confronted with the physical body of the leper, the colonial administrators went through the rituals of medical examination and isolation in an attempt to deal with what was, in reality, a minor disease outbreak (as if it represented an immediate and significant threat to the body politic). Mary Douglas writes that "the rites of reversing, untieing, burying, washing, erasing, fumigating" serve to maintain "the assumptions or system of beliefs by which the experience of the group is controlled," and such rituals focus on the control of bodies: "The rituals work upon the body politic through the symbolic medium of the

---

<sup>40</sup> In addition to the impulse towards federation of all of the Australian colonies, there was also a strong and longer standing movement for separation of the north of the colony from the rest.

physical body."<sup>41</sup> Whenever the colony appeared to have managed these rituals effectively, a more disturbing instance of the disease seemed to appear, presenting an even more insidious threat to its racial "purity." The rules to "reduce confusion when there is contradiction, marshal indignation, and provide a deterrent"<sup>42</sup> had continually to be readjusted; subsequently, the system of beliefs by which the group controlled itself was barely satisfactorily maintained. Queensland was trapped in a series of measures which, while initially concentrated on the physical body of the leper, would eventually embrace the colony and the nation.

---

<sup>41</sup> Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (London: Routledge and Kegan Paul, 1966) 135.

<sup>42</sup> Douglas 133.

## Chapter Seven

### In a State of Corruption: Colonial Queensland and the "Cordon Sanitaire"

*The idea of a lazarette is a survival from mediaevalism, and is painfully suggestive of the Inquisition, the rack, and other barbarisms of the middle ages ... It is scarcely credible that a population of over 300 000 should become almost hysterical, and a special Act of Parliament should be required to deal with five cases of leprosy, one of which is at present dying, and two somewhat problematic!<sup>1</sup>*

In the midst of the heated debates over what to do with the lepers who were being discovered in the colony, a few voices, such as that of Dr William Lyons, attempted to calm the panic. The extraordinary measures proposed in the face of "five cases ... and two somewhat problematic" were the legacy of a revived, complex, tangled, discursive formation with a lengthy history. Both for the British Empire and for colonial Queensland, leprosy embodied the fear of contagion and the process of becoming alien. The disease represented, in all too vivid form, the threat of degeneration confronting those who were prepared to risk living in the tropical colonies. This notion of degeneration was sufficiently vague to encompass both the possible erosion of the purity of the race as well as individual debilitation and loss of vitality that living in a tropical climate seemed guaranteed to produce. Before the ascendancy of germ theories, leprosy had been represented as a "taint" - a physical effect indicative of a moral state. Its ability to produce bodily disintegration,<sup>2</sup> making sufferers seem less than human,

---

<sup>1</sup> William Lyons, "Letter to the Editor" *Brisbane Courier* 26 April 1892: 7.

<sup>2</sup> Helen Tiffin, "The Leprosy of Empire": (Dis)Figuring Disease in Kipling, Doyle and Maugham" (unpublished paper).



encapsulated the threat that colonisation presented to individual bodies, to the colony and nation, to the race, and to the Empire.

John Barrell argues in *The Infection of Thomas de Quincey*<sup>3</sup> that De Quincey was terrorised by fear of "an unending and interlinked chain of infections from the East, which threatened to enter his system and to overthrow it, leaving him visibly and permanently 'compromised' and orientalised" (15). This fear was managed by a "series of inoculations, expressed through the metaphor of the involute (the internal curling whorls of a shell) to capture the process of displacement by which otherness is incorporated in easily digestible segments, and that which is perceived as a more radical otherness is consigned more resolutely to the periphery. But De Quincey's process of self inoculation by absorption of small doses of easily managed Orientalism (an instance of which is his consumption of opium) never successfully immunised him against the infections of the East: "at best it enables the patient to shake them off for a time, or gives him the illusion of having done so, but always with the fear that they will return in a more virulent form, as supergerms now themselves immune from the attacks of antibodies" (16).

Even though the presence of leprosy in Europe in the Middle Ages was well documented, its rediscovery in the East amongst the more ancient Chinese "race" embodied the more general threat that the Orient posed to the West. The Orient is

---

<sup>3</sup> John Barrell, *The Infection of Thomas de Quincey: A Psychopathology of Imperialism* (New Haven and London: Yale U P, 1991).

described by Barrell as a power that represented a "process of endless multiplication" and any attempt to consolidate oneself or "to recuperate or domesticate the other" resulted in "the simultaneous constitution of a new threat, or a new version of the old, in the space evacuated by the first" (19). The problem inherent in this syndrome was that the "Orient" was only always ever imagined, so that its virulence as "a breeding ground" for images of the "inhuman" was simply the displacement of the even more virulent and collective fears of the Empire. And such a displacement of the "Orient" was of course guaranteed to provide the continuing rediscovery of what was most feared within the self. This process of horrific self discovery set off the "continual attempt to create places of safety, the continual return of an 'alien nature' which has been so carefully expelled, the repeated discovery of hybridity, of cultural/racial impurity" (18). The efforts to control leprosy in colonial Queensland exemplify this process. The fear of the disease, its imaginary power, born out of all the medical confusion surrounding it and its excess symbolic potency, generated successive attempts to create "places of safety" which proved illusory. The horror kept on returning, and each time the sense of taint and impurity reoccurred with corresponding intensity.

Sometimes, Barrell suggests, the "alien nature" was so very alien that it had to be represented "as beyond the *cordon sanitaire* which defines what can be accepted as one's own nature." But, Barrell asks,

what if it had the power of reproducing itself infinitely, so that as each alien nature is tamed, domesticated, recuperated, another appears in the very place, the very chamber of the brain, the very sanctuary which has just been swept, swabbed down, disinfected, fumigated? (19)

The first attempt to deal with the threat of leprosy involved resort to an island which seems to have completely disappeared in name and memory. The particular island was selected from a litany of islands: Friday Island, Thursday Island, Double Island, Entrance Island, and finally Dayman Island. Many times in the debates that were to follow the name of the island slipped from Dayman to Daymen, to Damien - a subconscious reference to the recently deceased Father Damien on Molokai. Perhaps members of the colony hoped that some "saint" would take it upon themselves to go to Dayman, a scene of scandalous neglect, and tend to the lepers, thereby relieving the colony of the responsibility, sweeping the place of contamination clean, and coincidentally restoring the colony to its sense of itself. What went on on this mysterious island demonstrates one of the earliest attempts to consign the worst fears of the colony beyond the *cordon sanitaire*, by relegating "the absolute other" as far away as possible from the self.

When James Quigley was detained at the Brisbane Hospital and the Central Board of Health met to decide what to do with him, another story of detention and isolation emerged. This one had been going on since 1889 without causing too much of a disturbance anywhere at all. This story is concerned with a few cases of disease and with petty administrative details, but the measures taken by the administration betray a level of panic totally incommensurate with the case numbers. They also reveal that leprosy's symbolic weight was such that the measures taken were considered necessary and were even (if only for a short time) countenanced in spite of their "inhumanity."



The archives reveal that seven men had been removed from Cooktown and placed on Dayman Island in the Torres Straits - about as far north as it is possible to get from the mainland without actually being in New Guinea - on the margins of the territory of the colony.

These local activities had been so successfully accomplished in a sort of mist of forgetfulness that in 1892 someone needed to produce a precis for the administrators of what had happened only four years before, in 1889.<sup>4</sup> The precis began:

On the 2 April 1889 the Governor Resident at Thursday Island was informed that the Chief Secretary had decided to remove certain lepers who were then at the Quarantine Station Cooktown from thence to Friday Island.<sup>5</sup>

The people on Thursday Island objected very strongly to the use of the adjoining Friday Island. They held a public meeting at which they unanimously resolved to oppose the proposal. Their reasons for objecting were given as fear of contamination of the water supply, difficulty in keeping the Aboriginal population away from the lepers, and finally that lepers on the island would make it unsuitable as a Federal Quarantine.

In the face of these protests, another site was found: "It was however subsequently determined that they should be located on Dayman Is and the lepers were accordingly sent, arriving there on 9th May 1889." The Colonial Secretary of the time received a

---

<sup>4</sup> The significance of the precis in explaining the events that had taken place is perhaps indicated from the preserved evidence of an intensive drafting process in order to produce it.

<sup>5</sup> *QSA* Col 264 "Re Leper Station: Precis of information respecting lepers in Queensland and the means adopted for their isolation, maintenance etc."

series of telegraphed reports from the Government Administrator, John Douglas, with suggestions about other island sites.<sup>6</sup> Douglas decided on Dayman Island, eighteen miles from Thursday Island, recommending the need for proper buildings.<sup>7</sup> The master of the *Albatross* cautioned that the island was also constantly visited by shelling boats and native canoes for water, but this did not seem to present the same problem as it did on Friday Island, perhaps because no one realised what was happening as Dayman was a little further away, or perhaps because they believed that this potential unruliness could be contained.<sup>8</sup> The qualities that identified the island as appropriate were its remoteness, its emptiness, and the fact that it was self-sufficient because it had a plentiful supply of fresh water. But the colony was caught in a series of contradictions which indicate that the primary impulse of the administration was simply to relegate the lepers, the contaminating agents, to the boundaries of the society so that the source of impurity was eliminated.

At the beginning of May, Douglas had gone ahead, "in absence of any instructions to contrary," and "located lepers at Daymen Island in tents."<sup>9</sup> He reported that they had taken five coops of fowls with them.<sup>10</sup> At the end of the month, although he was still

---

<sup>6</sup> QSA 17 April 1889 (Col 264: No. 03614) and 28 April 1889 (Col 264: No. 03615).

<sup>7</sup> QSA 11 May 1889 (Col 264: No. 04464). He wrote "Houses urgently required ..." and on 18 October 1889 (Col 264; No 09152) "proper buildings should be created."

<sup>8</sup> QSA 3 May 1889 (Col 264: No. 03976).

<sup>9</sup> QSA 7 May 1889 (Col 264: No. 04135).

<sup>10</sup> QSA 10 May 1889 (Col 264: No. 04227).



trying to organise more appropriate housing for them,<sup>11</sup> he was reassuring the Colonial Secretary that the island was "in every respect suitable." He sent an Admiralty chart of the location of the island in the Endeavour Straits and reported that the *Albatross* would be able to "go and come easily in the day," that he would "ration them once a month," and "visit them oftener." He was satisfied that they were within easy reach.<sup>12</sup>

On his first visit, he reported that they were established "as comfortably as circumstances would permit - in grass houses." He commented that they were not gregarious because only two had chummed together and shared a military tent that he had provided. The rest were in separate establishments that they had created for themselves. He landed some materials for huts which some of them had undertaken to build. He reported one bad case, and suggested that the rest would live for a considerable number of years. In a fit of ethnographic enthusiasm, he requested their case files and the *Report on Leprosy in India*,<sup>13</sup> which he remembered being in the Colonial Secretary's Office, suggesting that they might be interesting subjects for observation. His report concluded that the selection of the island was "as good a one as could have been made in this neighbourhood. It is isolated and perfectly accessible."<sup>14</sup>

---

<sup>11</sup> QSA 20 May 1889 (Col 264; No 04464).

<sup>12</sup> Telegram from Thursday Island from John Douglas dated 11 May 1889 and received 31 May 1889 (Col 264; No. 04262).

<sup>13</sup> The records reveal that he was sent the 1867 *Report on Leprosy by the Royal College of Physicians*. Perhaps he was mistaken in remembering what was in the Colonial Secretary's Office. The Leprosy Commission's report had not arrived in Australia at this stage. In fact, it would have only been in the process of being undertaken in India.

<sup>14</sup> QSA 4 June 1889 (Col Sec 264; No 05325).

Money was set aside for buildings: "the Governor Resident was then authorised to expend about 200 pounds for houses for the lepers", but only 100 was spent, and things started to go wrong fairly quickly. A saving for the colony had been made at the expense of the lives of the men on Dayman. Sick men, exposed in grass huts, without regular medical attention, died very rapidly. Of the seven left on the island in June 1889, three were left by October of the same year. In December, four more were sent to the island, but by November of the following year, Douglas visited Dayman Island and found two of the three surviving lepers in a low and feeble condition. He ventured to suggest that "Ah Kim may survive for some time", but by 4 November 1890, only two lepers were still alive.<sup>15</sup>

By May of the next year, it had all apparently become too much for Dr Salter, the Medical Officer, who was stationed on Thursday Island, and who had the responsibility of providing medical care for the lepers, because he wrote to the Colonial Secretary. Douglas got in first with a letter which was attached as a preface to Salter's report in which he took the opportunity to revise his position on what had been happening. He argued that, while Salter's objections to the station on Dayman were well founded, everything hinged on whether it was intended to be a temporary or permanent leper station. (Unfortunately, and probably because of the ways in which the temporary arrangements had been made, the station had turned out to be a permanent solution).

---

<sup>15</sup> QSA 3 November 1890 (Col Sec 264: No. 11603).

Douglas conceded that the death rate had no doubt been abnormally high,

but it must not be forgotten that the patients were landed on the bare shore without any proper preparations having been made for their reception, and the houses and huts which they now occupy were subsequently built under rather difficult circumstances there being some not wholly unjustifiable dread of contagion on the part of the men employed.<sup>16</sup>

He also conceded that the distance from Thursday Island - eighteen miles - was an objection, if Dayman Island were to serve as a lazarette for the whole of Queensland. He maintained that it was suitable for its temporary purpose, and any suggestion that Friday Island become the leper station depended upon whether a decision was to be made to establish a permanent site in the area. His main objection to such a decision was that if, as he suspected, there were even now "among us persons of European extraction who may be afflicted with leprosy," then "I do not think it is necessary, or expedient, to send them out to this settlement, and I think that they could be better resided elsewhere..."<sup>17</sup> Dayman Island was fit enough, as a temporary station for men of other racial groups, but it was not suitable for Europeans.

Doctor Salter's objections to the Island were based on humanitarian considerations, and he considered it a totally unacceptable site. The death rate had been enormous; it was too far from Thursday Island for him to help in an emergency; in addition, distance made it difficult to get food there if the steamer were called away. He wrote "In my opinion Friday Island is the proper place for the segregation of leprous people. If such

---

<sup>16</sup> QSA 15 May 1891 (Col Sec 264: No. 05874).

<sup>17</sup> QSA 15 May 1891 (Col Sec 264: No. 05874).



undoubtedly very contagious diseases as small pox, scarlet fever, and measles can be safely quarantined at Friday Island most certainly leprosy can be." He suggested that the objections of the people on Thursday Island could be dealt with if they were better informed about the disease, and finished with an appeal that "some consideration be paid to these facts. The people at Dayman Island are lepers, they are mostly Chinese, notwithstanding these two qualities, however, they are also human beings, I pray that this latter quality may not be forgotten."<sup>18</sup>

Salter's protest, by itself, may not have been enough, but when, in a separate letter, he pointed out the illegality of what had been going on, action by the authorities became inevitable. A disturbing mix-up over the case of Low Song, who had been at the Brisbane Hospital for five months, indicated the legal vulnerability of the authorities. Dr Smith, at Dunwich, did not want Low Song,<sup>19</sup> and he was sent to Dayman Island before Salter was able to confirm his condition. Somehow or other, the Master of the steamer, Captain Reid, dropped him off at Dayman Island, where he was placed in immediate contact with lepers there.<sup>20</sup> A potentially disastrous mistake had been made,

---

<sup>18</sup> Not long afterwards, it was recorded that "the Medical Officer reported that Dayman Island was not a suitable place for a Leper Station and after some little time a new site was selected on Friday Island and 1000 pounds was placed on the Estimates for 1891-92 for buildings etc, which are now in course of erection."

<sup>19</sup> *QSA* 13 March 1891 (Col 264: No. 02838). P Smith, the Medical Superintendent at Dunwich, discouraged any thoughts of sending the leper to Dunwich.

<sup>20</sup> *QSA* "Letters from Douglas on Low Song" 15 April 1891 (Col Sec 264: No. 04488). Low Song was supposed to be sent to Thursday Island to be examined by Salter before being sent to Dayman, but Reid landed him on Dayman because the patient had been placed on board the *Albatross* as a leper, and had been treated as such on the voyage.

as Salter's furious letter indicated. He wrote "Low Song may ultimately prove to be a leper, but the symptoms are not sufficiently defined at present to warrant his having been put on Dayman Island, and he should not have been put there. He should not be placed in communication with lepers, and he should be where he can be frequently inspected by me." The result of this mistake was sufficient for the query to be made: "I shall feel obliged by your informing me under what act this quarantining is done. I write from consideration of an imaginary case such as this. I write from attention to the fact that the New South Wales Government introduced a leprosy bill into their Legislature last September - this has since become law, and this colony needs something of a similar kind."<sup>21</sup>

There had, it turned out, been no legislation in place to warrant the detention, removal, and isolation that had been taking place. And this was quite apart from the neglect leading to deaths that had occurred on the island. Happily for Low Song, he was returned to China by the Government Resident in November 1891, probably in the hope that if he did eventually contract the disease, at least he would be out of the colony.<sup>22</sup>

Fractures in the colonial administration's response to the disease were beginning to appear. Medical Officer Salter's sense of what was humane was outraged by what had been happening: he could, in the end, only see sick men. Douglas could make

---

<sup>21</sup> *QSA* Col 264: No. 02838.

<sup>22</sup> *QSA* (Col 264: No. 14106).



distinctions between what was appropriate for Europeans as opposed to others: for him, sick Asians were different from sick Europeans. Initially it seems to have been sufficient simply to put these men away out of sight, like "matter out of place." The appropriate place was somewhere as far away as possible and capable of providing the minimum conditions for sustaining life. The island had fresh water; the only problem would be to make sure that it was not visited by uncontrollable elements of the population. The disease did not require hospitalisation - there was no hope of cure. It did not even require constant nursing attention - the doctor could travel the eighteen miles in the steamer, when required. Obviously, any shelter depended upon the lepers building it for themselves. A consistent supply of food seemed to be a problem. They had fowls, but from what Dr Salter's complaints only partially conceal, there was the very strong possibility that these marooned men had gone without food when the steamer had been called away for some emergency. It is difficult not to suspect that they may, in fact, have starved to death; after all, Douglas's first impression was that they could be expected to live for many years, yet the first group lasted barely six months. Such neglect suggests that these men were considered not to require what a human being would require - food, shelter, and care when sick. Their Asianness, combined with the dehumanising significance and physical effects of the disease, seemed to make even the basics of life unnecessary. Faced with such attitudes, Salter was compelled to mark his point of disagreement: "The people at Dayman Island are

lepers, they are mostly Chinese, notwithstanding these two qualities, however, they are also human beings."<sup>23</sup>

Temporary legislation was put in place on 30 July 1891.<sup>24</sup> It offered the body politic an immediate solution for dealing legally with the material evidence of decay and degeneration that had the potential to spread to the vulnerable white races. In addition, it functioned to clean and tidy away the disturbing evidence of the impurity and (hybrid) transmutation evident in the colony.

Although the passing of the Leprosy Bill in New South Wales had set a precedent for the legislation passed in Queensland, there were significant differences in the approach to the disease, ones which are evident in the differences between articles written by Dr Joseph Bancroft, one of the most forceful personalities amongst the medical fraternity in Queensland, and J. Ashburton Thompson, the most influential voice on leprosy in New South Wales. Both were doctors who enjoyed (or came to enjoy) international respect for their work. Joseph Bancroft arrived in the colony in 1866, and became visiting surgeon and resident surgeon at the Brisbane Hospital amidst various episodes of controversy. He published an article in December 1892 on "Leprosy in Queensland,"<sup>25</sup>

---

<sup>23</sup> *QSA* (Col 264: No. 05874).

<sup>24</sup> "Regulations for the Treatment of Persons Affected with Leprosy and for the Prevention of the Spread of that Disease" *QSA* Col 264.

<sup>25</sup> Joseph Bancroft, "Original Articles: Leprosy in Queensland," *Australasian Medical Gazette* Dec. 1892: 427-430.

in which he recorded his observations as resident surgeon at the Brisbane Hospital. If Gussow's work on the disease is anything to go by, an increased consciousness of leprosy leads to increased diagnosis, and this is precisely what Bancroft described.

Initially, the colonial practitioners were not familiar with the disease:

At that time no medical man of the place was aware that he had seen a case of leprosy. The article in Erasmus Wilson's book on skin diseases was in our hands, but in no work accessible to the ordinary traveling practitioner was there a plate or drawing of leprosy in any of its forms. Danielssen and Boeck's book was out of print, and it was many years later that I had the opportunity of perusing that work in the library of the College of Surgeons in London. (427)

He did not expect to detect the disease, and he only realised in retrospect that he had misdiagnosed a number of Polynesians: "After a time it dawned on me that there were cases of leprosy" (427). Then, in 1866: "it was only after reading Wilson's description repeatedly that I concluded the patient was a leper" (427). In the process, he came to a conclusion about elephantiasis that would earn him international respect: "On reading over the old case books of the Brisbane Hospital I became convinced that there were cases of leprosy, and possibly filaria diseases among the records" (427). His discovery of the transmission of filaria by mosquitoes was hailed as pioneering, even though, ironically, his discovery was founded upon the ancient and erroneous connection between elephantiasis and leprosy: "Why were both these diseases - elephant-leg and leprosy - by the old physicians called by the same name if not associated diseases?" (428). His discovery of the transmission of elephantiasis by mosquitoes led him, not suprisingly, into conflict with Sir Erasmus Wilson over the distinction between Elephantiasis and Elephantiasis Graecorum. Bancroft subscribed to theories of the contagiousness of the disease and hailed Thin's book as "a monument of industry"

which "will go a long way to prove the contagious nature of leprosy" (428). He suspected that mosquitoes would prove to be responsible for the spread of leprosy as well as elephantiasis.

The connection Bancroft made between the two diseases relied upon an acceptance of the Chinese as sources of infection, and as far as he was concerned, leprosy was introduced by Asians and Polynesians arriving in the colony:

It is a matter for satisfaction that so few cases of leprosy have happened in Queensland to persons of European extraction, but there is good reason to conclude that without [sic] measures are carried out to remove Asiatic and Polynesian lepers to a considerable distance from the residences of the colonists, that the disease will spread amongst ourselves. (427)

Nonetheless, he was puzzled by the cases from North Queensland: the three cases from the northern towns were "vexatious to understand" because "no special communication happened between them and Chinamen, except the purchase of vegetables."<sup>26</sup> His remedy for control of the disease was general examination before immigrants could be judged fit to enter the country, followed by annual inspections:

All such people, Asiatic or Polynesian, it will therefore be necessary to examine by medical men familiar with the general aspect of leprosy, and to call in the aid of bacteriology ...Before being admitted into the country, an examination should be made and an annual inspection afterwards. (429-300)

---

<sup>26</sup> He mentions several cases of leprosy in persons of European descent in Queensland besides the two previously recorded... (a German; a grave digger; three cases from a northern town; "the first case of a wandering aboriginal" (429).



By contrast, Thompson was much more reserved in the statement of his observations.<sup>27</sup>

His 1898 report included a summary of "A Contribution to the History of Leprosy in Australia." This was written in 1894 and published by the National Leprosy Fund, in 1897.<sup>28</sup> He too was concerned with the question of the disease having been imported into the country: "As regards possible importation of lepra, then it is quite certain that the people of Queensland ran risks both from kanakas and Chinese, but those of New South Wales, Victoria, and the remaining territories, from Chinese alone" (69). He examined the incidents of disease in New South Wales, Queensland, and Victoria (there were none in Tasmania or South Australia),<sup>29</sup> concluding that although there were many "foreign lepers in Victoria from 1858 onwards, and ... they were entirely uncontrolled," there was no evidence of any "native white" leprosy, in spite of extensive enquiries. At the same time, there was evidence of "a good many white lepers in New South Wales long before any important number of cases among Chinese or other immigrants had been observed." In addition, he maintained that the disease had actually died out in Victoria before it became notifiable, so if leprosy was, as claimed,

---

<sup>27</sup> J. Ashburton Thompson, "On the History and Prevalence of Lepra in Australia," *Intercolonial Medical Journal of Australasia* 3.2 (20 Feb. 1898): 65-77.

<sup>28</sup> There he stated that there was no mention of the disease in Australia until 1836.

<sup>29</sup> He surveyed members of the indigenous population concluding that "Were it granted that they might have been infected by the Chinese, still it is difficult to see how the opportunity for communication came about" (72). In NSW between 1856 and 1882, there were 15 whites, one West Indian, and one Chinese. From 1882 many coloured immigrants and whites showed signs of the disease. In Victoria, from 1858, 13 Chinese lepers were known before 1863 and 31 in 1866. One white showed signs of the disease between 1863-1867 and two other whites after that. Compulsory detention was instituted in NSW in 1890 and in Victoria in 1893.



spread by lepers, then there was something in Victoria that prevented this from occurring (75).

On the question of the diffusion of the disease by the Chinese, he therefore concluded that

there has never been any such prevalence of leprosy among the Chinese in either territory as might fairly be expected of a communicable disease occurring among a people who habitually live at extremely close quarters with each other, and who, according to my observation, show no particular fear of that disease; secondly, ... most of the native born white lepers in New South Wales have not merely never associated with coloured people of any race, but have certainly never been in conscious contact with any leper. (76)

Ashburton and Bancroft held very different views on the disease. For Bancroft in Queensland, it could only be spread by "others" and this necessitated extreme vigilance such as regular inspections. For Thompson, ethnographic and scientific logic dictated that there was no necessary connection between other racial groups and leprosy.

What had happened in colonial Queensland on Dayman Island was a logical extension of a more general attitude to the Chinese in the colonial world. Brinton writes of the "teeming millions of China" who were only "awaiting the chance to overrun the whole earth" and who had the potential to "wipe with a sponge the glorious picture of renascent European culture."<sup>30</sup>

---

<sup>30</sup> Brinton 297.

In 1888, (the year before this illegal removal and incarceration took place) the city of Brisbane had witnessed an anti-Chinese riot which had been fuelled, according to Ray Evans,<sup>31</sup> by the convergence of several factors: a particularly bitter election contest between Samuel Griffith and Thomas McIllwraith for the most stringent anti-Chinese immigration policies; the inflammatory serialisation, in the *Boomerang* newspaper, of William Lane's novel *White or Yellow?* in which Brisbane was described as a site for a possible race war; the publication of the final episode for the serial on the same day as the North Brisbane General election; and the visit from two Chinese commissioners to inspect the treatment of Chinese subjects, fuelling rumours of their ambitions to establish a Chinese colony in the north. The riot is described in Evans as "Brisbane's own 'Kristallnacht' of 1888."<sup>32</sup>

As early as 1873, the *Australian Journal's* "The Doctor" column spoke of the danger that the Chinese were considered to pose to the colony:

I fear them at the present moment, from the fact that they are the subjects of one of the most terrible, loathsome, and fatal diseases of modern times; I allude to leprosy. Now I am not an alarmist, but I feel that what I am about to tell you, affects not merely the public health, but the very existence of European settlement in these colonies.<sup>33</sup>

---

<sup>31</sup> Raymond Evans, "Night of Broken Glass: The Anatomy of an Anti-Chinese Riot," *Brisbane in 1888*, ed. R. Fisher, Brisbane History Group Papers No. 8 (1988): 47-59.

<sup>32</sup> Evans 59.

<sup>33</sup> L.L. Smith, "The Doctor: Concerning a Plague Likely to Occur in these Colonies," *The Australian Journal* Dec. 1873: 170-2.

In 1899, the front page of *The Boomerang* featured a cartoon<sup>34</sup> of a sailor from the Queensland Government ship the *Otter*, in the distant background, dragging by a rope, a huge, disfigured, opium-smoking Chinaman (Figure 2). The figure of the Chinaman fills the foreground of the cartoon. His long fingernails are like contorted claws, his face is marked with lumps; it is turned backwards in such a way that he appears to be barely human as he is dragged from his opium bed. Barry Milligan writes that the "impression of opium smoking as at once infectious epidemic and hostile invasion informed a new literary genre that grew and thrived late in the century ... These narratives (about mysterious and evil opium dens in the East End of London) portray Orientalism as a transmissible disease, and opium smoke as the means of transmission." Opium smoking was an index of "a comprehensive infectious Chineseness" that was perceived to be "eating away at the very identity of the British People."<sup>35</sup>

The Act of 1891 thus legalised the tidying away process. But the fears which leprosy embodied and which had made Dayman Island "necessary" were by no means dispelled. When John Douglas's prediction of Europeans "in our midst, even now" with the disease came true, that is, when the degeneration of leprosy was rediscovered horrifically even closer to the very heart of the social body, the boundaries of the *cordon sanitaire* had to be redrawn.

---

<sup>34</sup> "An Argument for Naval Tribute," *The Boomerang* 14 Dec. 1889: front page.

<sup>35</sup> Barry Milligan, "'The Plague Spreading and Attacking Our Vitals': Opium Smoking and the Oriental Infection of the British Domestic Scene," *Victorian Literature and Culture* 20 (1992): 163.

# THE BOOMER

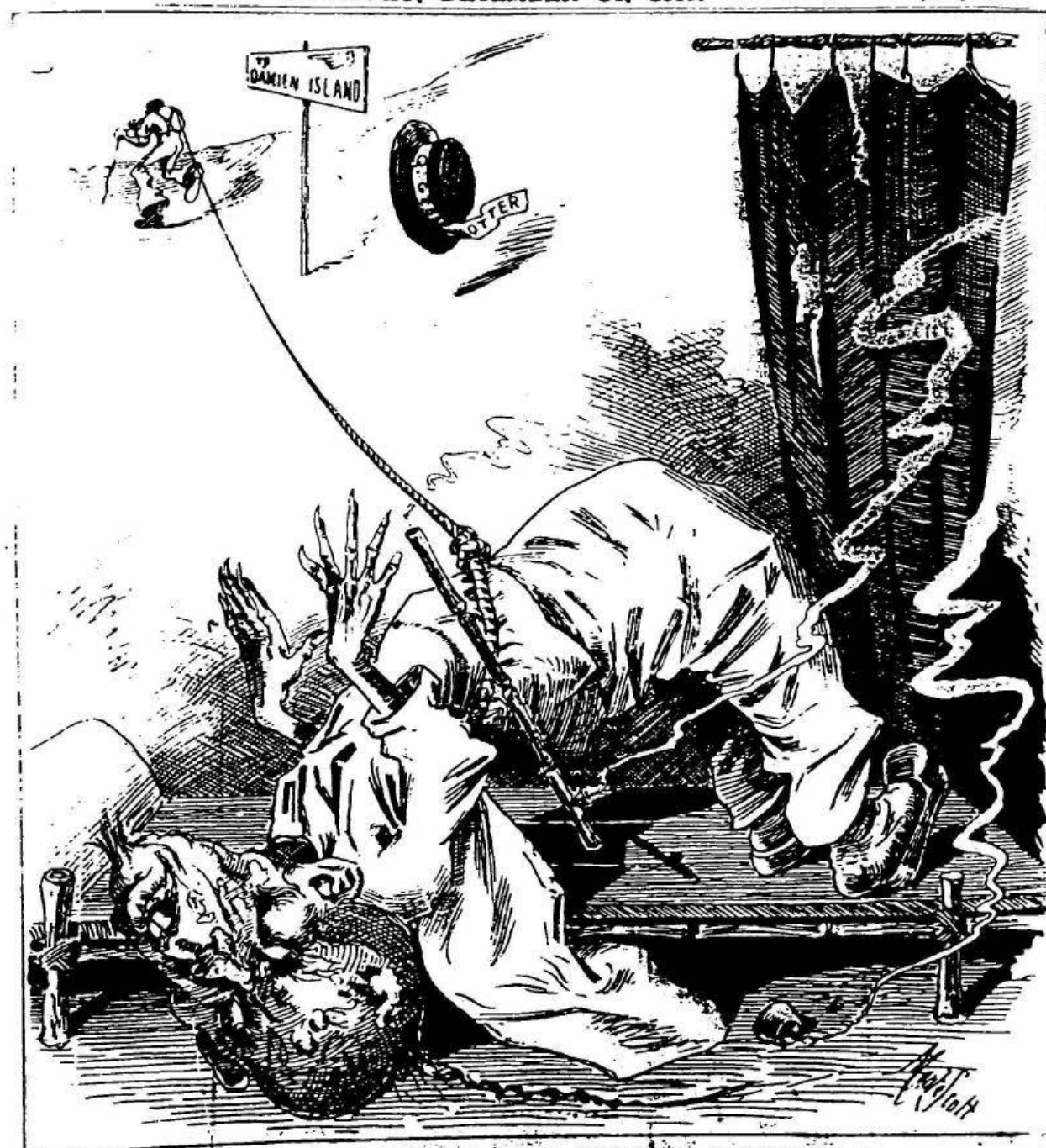
3d

"True to the skilful hand that flings it forth  
It flies in whirling circles to its destined mark"  
A LIVE NEWSPAPER - RACY OF THE SOIL

No. 109

SATURDAY, DECEMBER 14, 1889.

Price, 3d.



AN ARGUMENT FOR NAVAL TRIBUTE.  
The Boomer. Offer to go to Damen Island, with Chinese buyers. This is a 'boomer' which is a British vessel of war doing so.

Fig 2



## Chapter Eight

### Placing James Quigley: a Crisis in the Colonial Body

The consignment of Chinese and other non-European lepers to the boundaries of the colony was an attempt to distance the orientalisising threat that both the Chinese and the disease represented. This attempt to separate the "impure" and contaminating from the "pure" reflected deep-seated fears for the health and vitality of whites in a tropical climate and, at the same time, even more intense concerns about the ability of the society and the Empire to maintain racial integrity. This latter threat stemmed from contradictory notions of the Chinese as industrious and thriving; yet ancient and degenerate; and most of all, offering the potential for miscegenation. In the end, Dayman Island was an "empty" space into which specific embodiments of such potential contaminants could be figuratively (if not literally) obliterated.

The fates of those consigned to Dayman Island presented the illusion that the infection from the East (to adopt Barrell's "diagnosis") had been shaken off, but there was "always the fear that they will return in a more virulent form, as supergerms now themselves immune from the attacks of antibodies" (16). Because much of the threat that leprosy represented depended upon the uncertainty surrounding the disease and the inability of microbiologists to isolate the bacteria outside the human body, the significance of the threatened metamorphoses was as malleable and deployable as was the orientalism by which the Chinese were represented. This indeterminate, yet potent representation of leprosy revealed the fears and anxieties of the colony. The alien nature



of leprosy was guaranteed to provide a continuing (re)discovery of what was most feared within the self. This process of incorporation of "otherness" only to find something even more horrible in the disinfected "safe" place, the continual return of an alien nature which had been so carefully expelled, and the repeated discovery of cultural/racial impurity"<sup>1</sup> were compounded in the revelation that a white man, James Quigley, was infected with the disease.

On December 7, 1891, the Colonial Secretary received the news that a young man named Quigley had leprosy.<sup>2</sup> On the same day, the *Courier* and the *Evening Observer* published the news.<sup>3</sup> Subsequent bulletins in the *Courier* attempted to explain how he had managed to contract the disease and to indicate what was being done about him. The *Evening Observer* expressed the general concern that it was "the duty of somebody - who it is must be left to conjecture - to see that the contagion spreads no further" (5). Then, to the alarm of all, Quigley disappeared from Rockhampton, reemerging after a short time in Brisbane.

Fortunately, the "escape" by James Quigley and his father by steamer to Brisbane saved him from being sent to Dayman Island. The Colonial Secretary had every intention of dispatching him there, along with a Chinese leper who had been discovered at

---

<sup>1</sup> Barrel 19.

<sup>2</sup> "Telegram," 7 Dec. 1891 (Col 271: No. 13329).

<sup>3</sup> "Summary of News," *Brisbane Courier* 7 Dec. 1891: 4; "A Leper: The Rockhampton Report," *Evening Observer* 7 Dec. 1891: 5; *Morning Bulletin: Rockhampton* 5 Dec. 1891: 5 and 9 Dec. 1891: 4.

Herberton. On December 10, 1891, three days after the report about Quigley, orders had been issued for the removal of two cases - one from Herberton (a Chinaman - "the Herberton leper") and one other from Rockhampton. A note in the margins of the order make the Colonial Secretary's intentions clear:

Telegraph Douglas exact position of things regarding these cases and say it appears urgent necessity they should be removed to Leper station and there does not appear to be any other way than by sending the *Albatross* down as soon as poss. ask reply.<sup>4</sup>

On Thursday Island, Douglas must have been stalling because the Colonial Secretary did not receive a telegram from him until December 18. In it, he complained about the difficulty of sending the *Albatross* to get James Quigley. Apparently, it was already tied up, and it would take five weeks to get him and return. He was already shorthanded and would be left without the steamer, which was his only form of communication. Anyway, "it was a terrible thing to send a European to Daymen [sic]." He suggested that perhaps Quigley should be kept until the Friday Island station was ready. Pointedly, he added that "The worst case of leprosy I ever saw was a European in Melbourne General Hospital where he had been for nine months."<sup>5</sup> Douglas drew the line at detaining a white man on Dayman Island.

James Quigley worked in a steam laundry with his father. His youth was, by implication, significant: its unruliness, energy and latent sexuality made him a

---

<sup>4</sup> "Enclosing Orders for the Removal and Detention of Two Men Suffering from Leprosy: Office of the Central Board of Health," *QSA* Col 271: No. 14145.

<sup>5</sup> *QSA* Col 271: No. 14479.

disturbingly obvious target for a disease that had the potential to usher in an attack upon the vigour and racial purity of the society: his affliction indicated that virile young white men could be and were becoming contaminated with an Oriental disease. His potential as a contaminant was reflected in the reassurances given that he had been kept under surveillance and would soon be dispatched.<sup>6</sup>

The fact of his working in a steam laundry was also extremely disturbing. Horrifyingly for the whole township of Rockhampton, father and son appeared to have been distributing disease masquerading as clean laundry<sup>7</sup> which very likely carried the microbes of a "loathsome" Asiatic disease; the boundaries between the clean and the impure were broached.

The discovery of Quigley's infection posed a genuine dilemma for the colony: one that was enacted in public, in the daily newspapers. There was an urgent need to understand how he had managed to get the disease, what the disease really was, and what was going to be done with him. The *Evening Observer* offered an explanation for how he had managed to contract the disease. The family lived "near the site of the old gaol", which was where, when James Quigley was thirteen years old, a Chinaman had been isolated with leprosy. Quigley had become infected in a chain of contagion, since the

---

<sup>6</sup> *Brisbane Courier* 16 Dec. 1891: 4.

<sup>7</sup> Most alarmingly "the ghastliness of the case has been enhanced by the fact that the boy had been living with his father, while the latter carried on the business of a steam laundry proprietor." *Evening Observer* 18 Dec. 1891:7.

very ground must have been poisoned by the Chinaman, ten years ago. Wright's *Leprosy: an Imperial Danger* had argued that the soil could be contaminated by leper "spores," and that every leper was a source of contamination. Case studies of the outbreak of the disease in the *British Medical Journal* traced its spread from a single case. The epidemic of the disease in Hawaii was described as having its point of origin in a single Chinese person. The whole Quigley family were therefore potentially agents of contamination, and Rockhampton itself a potential focal point for an outbreak of leprosy.

Attempts to explain the disease, about which so little was known, served only to reproduce its contradictory representations. It was, in one explanation, both easily communicated and inexplicably conveyed. In the *Evening Observer*,<sup>8</sup> it was "easily transmitted from one victim to another," but, at the same time belonged to a type of microbe that was difficult to disseminate but was nonetheless instrumental in the decomposition of organic material. In spite of all of this, "very little is popularly known of the disease," except of course that it was "loathsome and death-dealing." Nonetheless, it was all under control, for the public could be reassured that "every precaution is now taken to avoid all risk of communicating the disease to those who are unaffected." This insidious invading microbe was "infinitely small and preternaturally

---

<sup>8</sup> "Editorial: Look After the Leper," *Evening Observer* 16 Dec. 1891: 4.

active," yet "we may ... manage to bottle him and use him as a vaccine."<sup>9</sup> There was the suggestion of liveliness beyond the natural that was yet capable of being contained. But the obstacle to its containment somehow rested in the scarcity of this paradoxically extraordinarily active microbe: "We fear that leprosy must be much more prevalent than it is, before vaccination with its lymph will pass beyond devoted experimenters" (4). The mass of contradictions served, as they always did with this disease, to multiply its metaphoric power.

The colony had to remove James Quigley, firstly, so that he would not present a danger to the rest of the community, but also because of the horrifying prospect that his body represented. The possibility of sending him to Dayman Island was closed off because his case was so public. A special meeting of the Central Board of Health specifically attempted to address this problem.<sup>10</sup> The Colonial Secretary, who had earlier been making arrangements to send him to Dayman Island, in a fit of hypocrisy protested at the meeting that it would be "little short of murder to send the unfortunate young man to Damien [sic] Island," and "it was never contemplated sending him amongst Chinese lepers. That would be a great outrage on public feeling."

---

<sup>9</sup> "Locating the Leper," *Evening Observer* 21 Dec. 1891: 4.

<sup>10</sup> "Central Board of Health: Case of the Rockhampton Leper," *Brisbane Courier* 19 Dec. 1891: 5.



The press was also involved in negotiating the problem of where to locate him. The *Evening Observer* published an editorial entitled "Locating the Leper." Previously it had declared that his ultimate destination would probably be the leper station to be erected on Friday Island,<sup>11</sup> but now: "A Chinese leper station is a horrible place to which to send a Queenslander." On the other hand, sending him to Dunwich would be a mistake. The elderly people in the inebriates' asylum at Dunwich on Stradbroke Island, in Moreton Bay, had "come to the time of life at which the grasshopper is a burden; and in their idleness the leper's presence even under isolation would despoil their existence for the last remnant of comfort." The newspaper warned that "We are perfectly sure that, wisely or superstitiously, our people will not submit to have a leper location other than absolutely apart from the residence of the uninfected." Requirements for a careful separation of old from young, European from Asiatic, and diseased from healthy provoked an administrative nightmare. The colony struggled to resolve the question of what was to be done about an incurable and contagious white man, particularly when the problem of what to do with the contagious "others" had never been satisfactorily resolved.

As a white man, he did not belong with the "others." As a white man with a degenerative disease, he offered disturbing evidence of the colony's worst fears. How could he be placed? The board toyed with the idea of sending him to the mental asylum at Goodna, to an island in Moreton Bay, or even placing him on a hulk in the river:

---

<sup>11</sup> "Leper Hospital: Quigley's Case," *Evening Observer* 16 Dec. 1891: 4; "Look After the Leper," *Evening Observer* 4 Dec. 1891: 4; and "Locating the Leper," *Evening Observer* 21 Dec. 1891: 4.

there had to be some site on the boundaries of the society to which he could be relegated. Finally, Tozer suggested that "if the board made a recommendation to the Government to provide a suitable leper station down the bay somewhere it would be considered. He did not think the young man would give them the slightest trouble as soon as he understood he was not going to be sent to Damien [sic] Island". So they issued a memo recommending "that a suitable place be set apart for lepers on one of the islands of Moreton Bay."<sup>12</sup>

Apparently this resolution had little weight, however, because two months later, on 13 February 1892, another meeting of the Central Board of Health, reported in the *Brisbane Courier* under the headline "Room for the Leper,"<sup>13</sup> exposed James Quigley's treatment and accommodation at the Brisbane Hospital as a subject of controversy. Doctors Taylor, Bancroft, Thomson, and Wray were at the meeting. The absence of the Colonial Secretary seemingly provided the doctors present with the freedom to make their concerns apparent. The reported words carry a sense of consciousness that a conversation was being conducted "in public."<sup>14</sup> Bancroft asked if suitable

---

<sup>12</sup> QSA 19 Dec. 1891 (Col 271: No. 14579) and "Central Board of Health: The Case of the Rockhampton Leper," *Brisbane Courier* 19 Dec. 1891: 5.

<sup>13</sup> "Central Board of Health: Room for the Leper," *Brisbane Courier* 15 Feb. 1892: 5 and 12 March 1892: 6.

<sup>14</sup> Other issues introduced at this meeting were designed to have and did in fact have political repercussions: Thomson queried Bancroft's use of the phrase "suspected of being a leper," asking if there were any doubts. Bancroft responded that he thought that the disease was in the early stages, but he had no doubt that it was leprosy. Thomson then added that he knew of three cases of Europeans in Brisbane who had suffered from leprosy. One of those had died, another had left the city, and the third still lived in the city. Bancroft added that he also had "known of several cases." A clipped copy of this newspaper report is stored in the Government file, and both sides of Thomson's words are scored with heavy lines.

accommodation was being prepared for James Quigley, in the process revealing that he was living in a tent at the moment "under conditions of great hardship, having, for instance, no facilities for washing, no chair, and no table." Thomson's response was scathing. He replied that

it was a hard thing that in a Christian land a young man suffering from a disease through no fault of his own, should be treated worse than a criminal. He fancied that in Jamaica far worse lepers would be found moving in society. Quigley was practically tied up in a canvas sack and left to himself. Were Dr Bancroft's statements correct, and he had no reason to doubt them, it was almost a case for the intervention of the inspector to the Society for the Prevention of Cruelty.

The Board meeting closed with the resolution that Quigley be removed to Dunwich and "proper accommodation be there provided for him without delay."<sup>15</sup>

The strategic revelations at the meeting indicated growing concern amongst the doctors: they perhaps had more of an idea of the uncertainties that the disease presented and were reluctant to get caught up in the escalating paranoia; and they were beginning to dig their toes in for a pitched battle with the Colonial Secretary. They could see their autonomy being eroded as the Colonial Secretary attempted more and more often to push the Board into producing orders for the detention and removal of "lepers."

One consequence of the meeting was renewed attention to the accommodation for James Quigley.<sup>16</sup> The administration finally made up its mind to locate him at Dunwich. In

---

<sup>15</sup> *Brisbane Courier* 15 Feb. 1892: 5.

<sup>16</sup> In addition, the Colonial Secretary sent a note to the Hospital doctor on 4 & 9 March 1892 (QSA Col 271; No. 02595) asking for a report from Dr Sandford Jackson on Quigley's treatment at the hospital.

seven days, they had been galvanised into action, although no buildings would be ready for six weeks.<sup>17</sup> The Secretary of the Brisbane Hospital informed the Under Colonial Secretary that Quigley's "wearing apparel, utensils for temporary accommodation, and bed and blankets" would accompany him on Tuesday.<sup>18</sup> His tent at the hospital had been burnt, and he was towed to Dunwich in a boat. The instructions were that "Every precaution to prevent unnecessary contact with Quigley to be taken. Every care shown him."<sup>19</sup> And on February 23, the Secretary of the Brisbane Hospital informed the Colonial Secretary that the instructions "relating to the disposal of the leper patient - James Quigley - have been carried out today."<sup>20</sup>

The word "disposal" echoed what had happened on Dayman Island, and if the letter of complaint which Quigley was not slow in addressing to Dr Bancroft was any indication, the same approach appeared to govern his treatment as well. His letter of protest followed two days after his relocation, and it was published in the newspaper. It concluded with the words: "I am being simply murdered if ever any one was."

---

<sup>17</sup> On February 20, the Dunwich Medical Superintendent advised the Under Colonial Secretary that a suitable building was underway: "our carpenters" would take six weeks to finish work, and he "considers (this) too long for Quigley to live in (a) tent in the rainy season." A note in the margin orders that "requisition to works forwarded urgent" (QSA Col/A 688: No. 02091).

<sup>18</sup> QSA Col/A 688: Unnumbered.

<sup>19</sup> A letter which is difficult to decipher follows. It is headed "The Leper Quigley":

*Write Dr Jackson that it is desired ? be sent by Otter to Dunwich on Tuesday morning ... His tent can be destroyed as it will not be required further. Instruct Master of Otter accordingly - say that Dr Smith will send up two men on Monday night who will take charge of Quigley and steer boat (Otter's) which is to be towed down.*

<sup>20</sup> QSA Col/A 688: No. 02138.

He wrote: "I am just treated like a dog. You [Dr Bancroft] were angry with them at the hospital for the way they treated me there. If you could just ... see the way I am treated here I am sure you would take pity on me." He complained that he was living in an old hut that was all holes and patches, a mile and a half from any other buildings. There was a swamp between him and the sea in which he would like to wash himself. His bed was an old case used to contain galvanised iron; his mattress and pillow were old chaff bags stuffed with some sort of rubbish, and his blankets had patches sewn on with string. He could not sleep because he was so isolated: "I am trembling all night with fear for there is not a soul near me if I should want help." In addition, he had to fend for himself. He had hardly eaten since he had been sent to Dunwich, and did not have a supply of water. He was supplied a bucketful of putrid water by an old man, and this was what he was to use to make tea. His sugar was full of rats' dung and the flour and butter were "beastly." He asked for a telegram to be sent to his father "to tell him to tell that other gentleman to come down to me as soon as he can. Tell him I am all alone, but don't send one to frighten him." James Quigley's written words of complaint, which still survive in the records, contrast strongly with the resounding silence of those who had died so quickly on Dayman.

The newspapers speedily took up Quigley's case. They had been demanding that he be disposed of as quickly as possible; now they demanded that he be better treated. *The*



*Telegraph*<sup>21</sup> claimed that it "affords a capital example of what may befall an afflicted person in Australia,"<sup>22</sup> for ironically, he was "the victim of the impression that ... he was being treated like a dog." The newspaper retraced his story of officially denied neglect at the Brisbane Hospital and his removal to Dunwich, "the last refuge for the living poor." The conditions in which he was living there were described adding the comment that

there was of course the possibility that Quigley took a too gloomy view of what had been and still was to be done for him. At least, he appeared to believe that the authorities meant to wear the life out of him. There was of course not the slightest ground for the suspicion. A copy of the letter was instantly taken and handed to the Premier, who has with a promptitude that could hardly have been more prompt if the welfare of a prince had been at stake, directed the Chief Under Secretary officially to visit Dunwich to inquire concerning the youth's present circumstances ...

There was a desperate need to be rid of the evidence of diseased bodies because of the horror that they represented at individual, social, and Imperial levels, but there was also a demand to appear to deal with those (at least white) bodies as human beings. It had been easy to forget the Chinese because their race already relegated them to a space

---

<sup>21</sup> This newspaper clipping is stored in the file headed "Leper James Quigley: Dunwich Lazaret March 1892" (QSA Col 271). Apparently, Dr Bancroft had "courteously handed" James Quigley's letter onto the *Telegraph* "for public information."

<sup>22</sup> It described how Quigley's painful experience had been increased in the last few days, firstly, by being told by a well-meaning person that he did not have leprosy. This was in an article "Quigley Leprosy Case: Opinion of Dr Sinnett, Formerly of Molokai, Not Leprosy," *Telegraph* 23 Feb. 1892. Dr Sinnett wrote

Knowing that your family as well as yourself have already suffered greatly both financially and in reputation from the effects of the ignorant prejudice that prevails among the general public with regard to leprosy as a contagious disease, it would seem an act of justice if the Board of Health would make known how the disease is contagious, or vice versa. I will mention two ways by which it is not contagious ...

The clipping in the archives has a hand-written note at the bottom: "Quack. Quack !!"

beyond the "white" world; it was not so easy to forget a white man because a colony that regarded itself as humane had to act in accordance with its own image of itself.

A revision in treatment had to be conceded. At the beginning of March, Felix Quigley was able to apply for a pass to see his son,<sup>23</sup> and by then the Under Colonial Secretary had visited him<sup>24</sup> and reported. Smith, the doctor at the Benevolent Asylum who would be taking medical responsibility for Quigley noted that he "looked stronger than when I last saw him in December." He described how he had arranged accommodation at his temporary abode - some shade to sit under in the daytime - some iron over his fire - a new fly cover tent - a new mattress -and food of a good description and as regularly as possible. He had also placed a man in a tent nearby who would cook for him and see him several times daily. Dr Smith found it necessary to explain the initial neglect: "I did not recognise at once that the boy was so helpless. The man I sent to attend on him first took fright and left him two hours without his dinner before I found it out."<sup>25</sup>

The way the colony reacted when confronted with James Quigley reveals how it understood itself in the face of the threat of disintegration that he embodied. It constructed itself at the intersection of discourses that produced imperatives such as a

---

<sup>23</sup> *QSA* Col 271. 3 March 1892.

<sup>24</sup> *QSA* Col 271. 7 March 1892.

<sup>25</sup> Incidentally, Smith wrote that he was considering the advisability of putting a dog-proof wire fence around the new leper station: presumably not to keep dogs out.

need for fiscal responsibility, the management of distinctions between specific racial and class groups (including a prohibition on the intermingling of races) and the need to be consistent with what was considered appropriate for a just, humane, Christian society. That these imperatives were incompatible provided further difficulty.

The Colonial Secretary was concerned to expedite the decisions of the Central Board of Health because of the expense of having to pay for someone to attend to those diagnosed with the disease.<sup>26</sup> This attention was described as a matter of priority because of the cost to the government. Responsibility and attention to economy were not separated from arguments that the decisions that were being made were conducted in the interests of the public. In the constrained economic climate, any excessive cost was resented.

And again, inevitably concern about the communicability of the disease intersected with concerns about the intermingling of different racial groups. The government's policy was not to bring any "alien lepers to the South."<sup>27</sup> Assurances were given that a "Chingalese" man who was to be temporarily confined at Dunwich, "would not be in any way in contact with" the white man, Quigley, "although Quigley's case might be as bad as his."<sup>28</sup> There was also the more general concern that the Chinese in the colony

---

<sup>26</sup> "Central Board of Health," *Brisbane Courier* 19 Dec. 1891: 5.

<sup>27</sup> "Central Board of Health," *Brisbane Courier* 12 March 1892: 6.

<sup>28</sup> "Central Board of Health: Leprosy Case in Brisbane," *Brisbane Courier* 2 June 1892: 6.

were "detrimental to the public health." Distinctions between groupings were to be strictly preserved even though disease had demonstrated that those distinctions were fragile. Perhaps because leprosy had refused to remain the disease of "others," it became increasingly important to maintain racial distinctions.

Compounding the threat of contagion from other races was the continued independent threat of moral contagion irrespective of physical disease. The Colonial Secretary explained that placing Quigley's hut at Dunwich would further distance the moral contagion represented by a particular "black woman" who was in charge of the oyster beds at Dunwich. She was described as "a source of contamination to many of the inhabitants of Dunwich," and "a more dangerous source of contagion than any leper would be ..."<sup>29</sup>. He suggested that it "would be rather an antidote to this to place the leper somewhere there."<sup>30</sup>

Debates about the treatment of James Quigley both at the Brisbane Hospital, and later at Dunwich were governed by what was considered appropriate for a Christian country. Dr Thompson had argued that Quigley's treatment at the hospital was "a pretty rough state of things to be found in existence in a Christian country,"<sup>31</sup> while *The Queenslander* commented that Quigley's accommodation there was "unchristian and

---

<sup>29</sup> "The Official Visit to Moreton Bay," *Queenslander* 23 Jan. 1892: 187.

<sup>30</sup> *Brisbane Courier* 19 Dec. 1891: 5.

<sup>31</sup> "Central Board of Health," *Brisbane Courier* 15 Feb. 1892: 5.

inhuman."<sup>32</sup> Debates about the location of the lazaret were hedged around with a rhetoric of what was "suitable" and "appropriate." The Central Board of Health's resolution was for "a suitable asylum for lepers," and that the "patient James Quigley, at present in a tent in the Brisbane Hospital grounds, should be removed to the site selected near Dunwich, and that proper accommodation be provided without delay."<sup>33</sup> The problem was to settle on what was "suitable."

This cluster of discourses indicates the formation of a grid of imperatives onto which leprosy was mapped. The economic imperative was that the matter be dealt with efficiently and responsibly; the racial imperatives were that no potentially contaminating intermingling take place, for leprosy did not dissolve racial barriers; in fact, on the body of a white man, it could, paradoxically, be used to offset potential moral contagion from other races. In addition to constraining the management of leprosy through discourses of fiscal responsibility and the need to preserve the distinctions of race and class, the management of leprosy was also complicated by discourses of justice, humanity, and Christianity. The colony wished to see itself as just, humane, and Christian, but its unquestioning adherence to notions of racial purity and its fear of moral and biological contamination (expressed through a fear of bacteriological contamination) created insoluble problems. The colony was constantly being forced into situations which did not accord with its vision of itself attempting to "dispose" of the

---

<sup>32</sup> *Queenslander* 20 Feb. 1891: 378.

<sup>33</sup> "Central Board of Health," *Brisbane Courier* 15 Feb. 1892: 5.



evidence without acknowledging what was happening, and embarrassed when found out. Colonial identity was sandwiched between fear of what it was in danger of becoming, and what it was, in reality, becoming in its efforts to dispense with that by which it was apparently threatened.

An extract on "The Lazaretto," from Robert Louis Stevenson's *The South Seas* was published in *The Daily Telegraph* in the same edition that the newspaper announced the discovery of leprosy in Rockhampton and in Sydney. It presented a "solution" to the problem by providing, "coincidentally," a description of the lazaret at Molokai in Hawaii:

On the whole the spectacle of life in this marred and moribund community, with its idleness, its furnished table, its horse riding, music and gallantries under the shadow of death, confounds the expectations of the visitor. He cannot observe with candour, but he must see that it is not only good for the world but best for the lepers themselves to be thus set apart. The place is a huge hospital, but a hospital under extraordinary conditions, in which the disease, although both ugly and incurable, is of a slow advance, in which the patients are rarely in pain, often capable of violent exertion, all bent on pleasure and all within the limits of the precinct, free.<sup>34</sup>

An isolated pastoral community of lotus eaters was presented here as the most humane solution. Such a site reconciled the problem of isolating the suffering, who most needed the assistance of society, with the interests of the general public who needed protection from contamination. It assuaged the pain of those to whom the identity of the afflicted was known. It satisfied those who would find segregation and isolation difficult to

---

<sup>34</sup> Robert Louis Stevenson, "The South Seas: Life Under the Equator," *The Daily Telegraph* 26 Dec. 1891: 10.

reconcile with the concept of a humane society and a benevolent government. It satisfied the fears of those who "knew" leprosy as an epidemic.

By placing James Quigley on Stradbroke Island, at Dunwich, the colony began the processes of disinfecting and fumigating the public imagination. The shock of finding a white man with the disease called for intensified symbolic activity. Legislation was introduced into the Parliament to deal with the disease and some very definite efforts were made to satisfy everyone that the situation was under control. The "unimaginable," from which there was no escape, was to be incorporated into the structure of the colony, and at the same time those "others" with the disease were even more firmly relegated to its boundaries.

But while some doctors in Queensland may have been ready to believe that leprosy was communicated by alien immigrants, they were less than totally supportive of the Colonial Secretary's enthusiasm for the legislation promised by the Leprosy Bill. Judging from the reports of the meetings of the Central Board of Health, the doctors were in outright rebellion against the act and the power of the Colonial Secretary. At one meeting, Taylor was quoted as saying that "it was barbarous to shut up a man because he has the misfortune to be suffering from disease. If the disease had a scientific name the public would not bother about it; but the present name caused the trouble, and drastic legislation was deemed necessary on that account."<sup>35</sup>

---

<sup>35</sup> "Central Board of Health," *Brisbane Courier* 14 May 1892: 6.

The doctors on the Central Board of Health tried to defuse the alarm that accompanied the newly detected cases. They continued to discuss a patient who in 1877 had been treated for leprosy and another case of a patient who, in 1855, had died in hospital from the disease, and they refused to sign a medical certificate for the detention of a suspected leper in Charters Towers. The deliberate revelation of previous cases in the city was designed to suggest that they had been successfully treated at the hospital without any fuss: "The patient occasionally presented himself at the Hospital during some years."<sup>36</sup>

Ironically, this only served to compound the alarm about lepers "at large" in the city, and made the Central Board of Health look casual and irresponsible. Subsequently, in the debate over the Leprosy Bill, one member stated that "It was time that the Central Board of Health were looked after a little more sharply" because they "had actually allowed the patients to run about all over the colony, possibly spreading the disease, and the council were refused any further information on applying to the authorities."<sup>37</sup> From comments such as these and from the success of the subsequent legislation, it would appear that the authority of the doctors, especially that of the Central Board of Health, was extremely vulnerable at this stage, and their ability to be responsible for the public health of the colony was called into question.

---

<sup>36</sup> *Brisbane Courier* 14 Dec. 1891: 5.

<sup>37</sup> *Brisbane Courier* 12 April 1892: 7.

Their problem was that the debate on the communicability of the disease was still raging. Dr Hirschfeld, assuming the authority of the government bacteriologist, in an address to the Royal Society (published in the *Queenslander*) stated in a series of confusing contradictions "that the disease can be communicated from man to man"; "all kinds are not infectious"; "If ordinary care was taken by men who came into contact with lepers there was little fear of contagion"; but "the leper had also to be considered, and as he would not be so careful in the matter in all probability, the question arose as to whether segregation was not necessary in the interests of the public welfare."<sup>38</sup> This considered opinion was consistent with the sort of guarded statement appropriate to a man of science, especially one who was perhaps enjoying the ultimate responsibility for deciding if the disease was or was not leprosy, but it did little to help those who were horrified by the possibilities. In addition, it threw the blame onto the "untrustworthy" and "ungovernable" leper who would "not be so careful" and was therefore in need of segregation, "even if he was not infectious." From Hirschfeld's position, then, there were some in the colony who were responsible enough to govern themselves, but there were those "others," (who coincidentally pose the greatest threat to the colony) and who could not be assumed to be self-regulating and must, therefore, be regulated by the state. The ancient inability of the leper to control his unlawful and unnatural impulses still formed an integral part of the beliefs about the disease.<sup>39</sup>

---

<sup>38</sup> *The Queenslander* 16 April 1892.

<sup>39</sup> Eugen Hirschfeld, "Original Articles: On Leprosy: From the Bacteriological Laboratory of the Brisbane Hospital," *Australasian Medical Gazette* August 1892. Hirschfeld was in his element. His skills were indispensable for determining the presence of the disease. He published an original article in the *Australian Medical Gazette* in August 1892. He reported on the examination of a "Chingalese" named Punjaub describing how he obtained and



On April 28, the *Courier* reported that another young man from Rockhampton, a post office employee, and a childhood friend of James Quigley, James Hemsworth, had been diagnosed with the disease and had escaped from custody.<sup>40</sup> On April 29, it reported that bacteriological examination had removed all doubts that Quigley had leprosy,<sup>41</sup> and on May 6 that James Hemsworth had not yet been found.<sup>42</sup> At the monthly meeting of the Central Board of Health (reported on May 14) Bancroft and Taylor protested that they had recently seen the so-called Brisbane leper, who was now perfectly well.<sup>43</sup>

On June 2, the meeting of the Central Board of Health was presided over by an extremely irritated Colonial Secretary. He complained that the delay between his request for a certificate for James Hemsworth and the response from the Board had given Hemsworth the opportunity to disappear. He also commented upon a letter sent to him by the board asking for information about Friday Island. He complained that their requests were "inquisitorial," and he suggested that members did not know their position: "He thought their responsibility ceased after issuing their warrant concerning any leper patient." He firmly delineated their responsibilities saying that it was beyond

---

examined leprosy bacilli. Excitedly he reported on the discovery of new cocci - his cultivation of them and their novelty. He also described his attempt to find leprosy bacilli in blood concluding that "The invasion of the blood by bacteria will be accompanied by an increased number of polynucleated leucocytes" (306).

<sup>40</sup> *Brisbane Courier* 28 April 1892: 4.

<sup>41</sup> "Summary of the News," *Brisbane Courier* 29 April 1892: 4.

<sup>42</sup> "Summary of the News," *Brisbane Courier* 6 May 1892: 4.

<sup>43</sup> "Central Board of Health," *Brisbane Courier* 14 May 1892: 6.



their duty to inquire about a leper after issuing a warrant. They replied that they had never received any reports on the lepers on Dayman Island, and "Until the provisions for the treatment of lepers were more adequate he (Bancroft) thought they should be sent to Dunwich for treatment." Tozer then produced the Governor's report on Friday Island listing its benefits and attractions and who had recommended it. At that point, the doctors surrendered, seemingly mollified.<sup>44</sup>

One fundamental problem facing the doctors was an inability to agree amongst themselves about the disease. There were those who claimed previous and superior medical experience and were more informed and skeptical about diagnoses. Much of the medical uncertainty and debate over the issue was reported in the newspapers, thus undermining their collective authority. It appeared that they could not be depended upon to know what to do about the disease and so could not be entrusted with its management, and the Colonial Secretary was all too ready to use their indecision to make a case for the legislation. There was also a particular debate amongst some of the doctors (Bancroft, Thomson and Taylor) about verification of Quigley's leprosy. Doubt was raised when Bancroft stated that Quigley was "suspected of being a leper," and that "he was not so confident as some medical men were," and when Thompson removed himself from a position of direct responsibility by replying that "He knew nothing of the case beyond what he had seen in the papers, but he was under the impression that there was no doubt as to it being one of leprosy." Dr Sinnett called upon the Central Board of

---

<sup>44</sup> "Central Board of Health: Leprosy Case in Brisbane," *Brisbane Courier* 2 June 1892: 6.

Health to make a public announcement about the disease and so reassure people: "It would seem an act of justice if the Board of Health would make known how the disease is contagious, or vice versa."

The doctors debated questions of diagnosis and management (particularly the need for segregation) by arguing about what was being done in other parts of the world. In India, there was no evidence that leprosy had "injuriously affect(ed) other people coming in contact with it"; there was no personal sense of danger in those who attended to the sufferers; and admission to hospital was voluntary. In Jamaica sufferers were "treated with consideration"; they "followed various occupations," and were treated to "entertainments provided by the people of the capital." These examples offered the possibility of self regulation in contrast to the alternative State regulation offered by the government bacteriologist and the Colonial Secretary.

The introduction of the Bill prompted more letters from the medical fraternity. James Booth wrote that even if the Central Board of Health made a statement on the disease, it would be held in very little respect by other doctors: "I am afraid it would lose much of its value from the fact that many of us would refuse to accept dicta laid down by those who, perhaps, have had no more opportunities of studying the disease than we ourselves had."<sup>45</sup> He criticised the Board for not making the most of all the information available on the matter stating that they had the responsibility to allay the fears of the general

---

<sup>45</sup> James Booth, "Letter to the Editor: The Diagnosis of Leprosy," *Brisbane Courier* 5 April 1892: 6.

public because "there is no need whatever for the unreasonable alarm which the presence of the leper causes."

William Lyons<sup>46</sup> wrote in criticism of the proposed Bill: "I think many of its provisions are of such a nature that they ought not to be allowed to pass into law without some protest from members of the medical profession." He argued that because neither doctors nor the general public were familiar with the disease, it was not surprising that "the general public ... should conjure up in their minds visions (of) unutterable misery and woe, with all the horrors of the Inferno." From the speeches in the house "one would imagine that the leper was a sort of 'bogie man,' an object of terror to all his fellow-beings." But in other countries "the leper is not shunned and hunted down like a wild beast, but is well-housed, well-fed, and tenderly cared for, by a beneficent Government."<sup>47</sup>

He questioned the general consensus that the Chinese were the obvious source of contagion by arguing that they had grown almost all of the vegetables in the Riverina in New South Wales and had cooked for the wealthy: "And yet I have not heard of a single case of leprosy occurring among Europeans in any of the townships." He also

---

<sup>46</sup> William Lyons, "Letter to the Editor," *Brisbane Courier* 26 April 1892: 7.

<sup>47</sup> He cited Madras: "In India lepers are not segregated, but can enter or leave the hospitals of their own accord. Europeans, as a rule, enjoy an immunity from the disease ..." He then suggested, drawing upon Sir Erasmus Wilson, that the cause of leprosy was miasmatic and suggested that the energies of the State would be best addressed to "scientific investigation of the conditions in this colony that tends to produce it."

referred to sexual relationships between races "and the conditions under which such intimacy exists" which tended to make one "somewhat skeptical as regards the spreading of the disease by contagion."

His explanation for the disease depended upon the older miasmatic theories. He maintained that the Chinese in the north have leprosy because of the climate:

In considering these cases of leprosy the element of contagion should be eliminated, and the disease must be looked upon as endemic and originating *de novo*. This view is in accordance with the opinion of the most practical authorities on the subject. The discovery of the bacillus and the inoculation with the virus of one solitary individual are very interesting facts, but have no bearing on the ordinary modes of contagion.

Doctors expressed their frustration that the management of the hospital and the power of the Colonial Secretary made it impossible for them to see the case of leprosy. Richard Rendle<sup>48</sup> complained that

with regard to any unusual case like leprosy, in any well managed hospital it would not have been necessary for any practitioner to get a special order from the Colonial Secretary before being permitted to see the case.... This is not calculated to advance medical knowledge and skill, nor to benefit those for whom the hospital is intended. (6)

The disease was an embarrassment to the medical profession generally. In September 1892, W. McMurray wrote in *The Australasian Medical Gazette*<sup>49</sup> that

leprosy, especially in this colony, has attracted much public attention, and frequently we see it discussed in the daily press. We cannot, indeed, blame the laity, but, on the other hand, welcome any kind of publicity that may tend to

---

<sup>48</sup> Richard Rendle, "Letters to Editor: The Brisbane General Hospital," *Brisbane Courier* 13 April 1892: 6.

<sup>49</sup> W. McMurray, "On Leprosy: Read Before the Western Medical Association on August 2nd 1892," *The Australasian Medical Gazette* (Sept. 1892): 337-40.



stimulate those endeavouring to throw additional light on this terrible malady.  
(337)

He suggested a Commission of enquiry into "the cause of its introduction and method of transmission (339) and argued for a change to the laws "regarding the admission of physicians to the lazaret," bemoaning the need for a permit from the Health department as "a barrier to the advancement of science." He concluded:

Gentlemen, - As we have not the most remote idea how the micro-organism is able to exist outside the human body - whether it is communicable to animals, or whether animals can give it to man, or whether the bacillus is the cause or concomitant of the disease; and further, as we do not even know whether one man can infect another - we cannot treat it scientifically. ... At present it stands as an eyesore to medical science, which in time, no doubt, our bacteriologists will solve. (340)

In spite of all the medical uncertainties about the disease, new cases were reported in the newspapers, thereby increasing a sense of an approaching epidemic. Case histories were published in reports submitted to the Central Board of Health as well as in news bulletins in which the suspected leper was identified by geographical location, race, occupation, and level of communicability so that an indication of where the disease was prevalent and how it had been (and might continue to be) communicated was provided. For example, Tommy Ah Hing, "a native of Canton," from Herberton; "a South-Sea Islander," Joe, "in the employ of the Yeppoon Sugar Company, lately living in North Rockhampton"; a Chinaman living at the mouth of Corio Creek, near Yeppoon, "who had been earning his living by fishing"<sup>50</sup>; the young man James Hemsworth, an employee in the Post Office at Rockhampton as a letter carrier<sup>51</sup> were all initially

---

<sup>50</sup> "Central Board of Health," *Brisbane Courier* 12 March 1891: 6.

<sup>51</sup> *Queenslander* 30 April 1892: 858.



personally identified. But once that initial identification was achieved, their names became lost in the same way that the disease was presumed to remove the features. Ah Hing became in later reports, a "Chinese leper - a horrible object - a mass of sores. His nose is gone - his joints are rotting."<sup>52</sup>

What remained important, however, was that each case became suggestive of diverse potential foci of contamination: a laundry, the sugar cane industry, fish, the mail.

Lepers could be seen to be spread over an expanding geographical terrain:

Rockhampton, Herberton, Yeppoon; and dispersed across diverse racial groups:

Chinese, Islander, white. The devastating effects of the disease, as frequently reported, were impossible to ignore.

The increase in reports of cases which seemed to radiate from specific foci, such as Rockhampton, and the uncertainties of the threat which they represented, as well as the question of how to deal with them, intermingled to reinforce the potential of the disease to create anxiety in the colony. At face value, there was the fear of contagion. But this served as an outlet for more deep-seated anxieties - what did the discovery of these cases mean about the survival of the white race in the colony and its changing racial composition? And was the price to be paid for a return to economic prosperity too great, if it meant the introduction of sources of biological contamination which would ultimately undermine the fragile health and vitality of the colony?

---

<sup>52</sup> *Queenslander* 2 April 1892: 672.

\*\*\*

*On Saturday, however, the weather was beautifully fine, an invigorating breeze was blowing in freshly from the sea, the wooded slopes from the banks of the river were flooded with sunlight, the birds were singing and everything looked fruitful and verdant.*<sup>53</sup>

The discovery of James Quigley's infection and the decision to place him at Dunwich produced a convulsive double movement. The first was the introduction of permanent legislation in the form of a "Leper Bill" which was debated in the Legislative Assembly and the Legislative Council from the beginning of April, and assented to by the Governor on July 21, 1892. This legislative process was reinforced by a well-publicised visit by the Colonial Secretary to all of the government institutions in Moreton Bay in the early weeks of April, including a visit to James Quigley to make sure that he was being cared for. The second resulted in the establishment of a leper station on Friday Island. Its existence was also announced in the newspapers by a letter from the Governor expressing his pleasure at the new arrangements for coloured lepers.<sup>54</sup>

This double movement can be represented by the action of the "involute" that Barrell describes. The place is swept clean and fumigated: James Quigley, the leper, is placed with the elderly, the inebriates, the waifs, and criminals. The coloured lepers are consigned to a place even further away. The publicity around these events ensures assent from the "public" in whose name the activities have been carried out. "They" will not stand for the intermingling of black and white lepers, and "their"

---

<sup>53</sup> "Visit of the Colonial Secretary to the Bay," *Brisbane Courier* 11 April 1892: 5.

<sup>54</sup> "The Friday Island Leper Station Visit," *The Queenslander* 3 June 1892: 1188.

(mis)apprehensions of the contagious effects of leprosy, which are out of all proportion to the actual danger that it represents, demand the measures.

In the colony and in the face of a frightening economic crisis, threats to stability of the colony became focussed upon an "uncontrollable" disease. Leprosy, figured as physical decay and loss of identity, embodied fears about changes in the ethnic composition of the colony and fears about the degenerative effects of living and working in the tropics. The leper becomes representative of what the colony feared becoming and what it feared that it could not achieve, and the colony's sense of itself in turn shaped the perception and representation of the disease. The storehouse of images of leprosy offered a plethora of representations peculiarly suited to the colonial crisis - a rotting, decayed, broken, ungovernable body - frightening evidence of the colony's sense of lack of control. And this externalisation and representation of these fears produced its own persistent and enduring momentum.

As part of a public relations exercise to find a way of incorporating James Quigley into the social structure of the colony while the debates about Leprosy Bill were taking place in the parliament, the Colonial Secretary, in scenes reminiscent of an Elizabethan progress through the countryside, visited the government institutions in Moreton Bay. This "progress" in a steamer to St Helena and Stradbroke Island unified those scattered offshore sites to which the marginalised or "untidy" elements of the society had been consigned. The benevolence of the administration oversaw the welfare of all of these

disturbing elements, and found ways of producing profitable labour out of the various confinements necessary for the smooth running of the society. Newly incorporated into this organisation was James Quigley, resituated in the body politic in a manner that promised to satisfy even the most scrupulous.

The newspaper report describing the Colonial Secretary's visit connected Quigley's detention at Dunwich, on Stradbroke Island, to the actions of a Government that cared for and rehabilitated the poor, the orphan, and the criminal in natural settings of extraordinary beauty by providing them with work that ennobled and purified. The report works at producing an idyllic, prelapsarian setting, which then serves to accomplish the effect of metaphoric "renewal" and "redemption" for those who are confined. Such images are themselves indicative of just how much symbolic work had to be done to redress the damage done by his discovery. The breeze that came from the sea was "invigorating" and "fresh"; it promised a new beginning. The "wooded slopes" on the banks of the river were "flooded with sunlight," a chorus of birds were singing, and "everything looked fruitful and verdant." The flooding sunlight, the song of the birds, and the bountiful natural setting served to rehabilitate (while still exiling) the leper together with the other social outcasts on the islands.

This sense of a "fresh start" takes on varying nuances at each site that the Colonial Secretary visits. At the boys' reformatory, the "waifs of our social system" were all employed making mail bags, cutting grass, and attending to cultivated flower patches

(5). There "children whose life's early morning were clouded with crime or those sinned against by being neglected and deserted ere they were gathered under the mantle of the State - were all employed ..." The "clouding" of their beginnings had been swept away by the motherly action of the State, although the writer suggests that there could be improvements in the sort of work that the boys were being asked to perform: "It is to be regretted some better plan is not adopted, whereby they could be thoroughly taught some useful trade."

On the penal island of St Helena a social and agricultural experiment is being conducted by which the "ruin of lives" is being redeemed in a welter of productivity: "lucerne, sugar cane and an experimental crop of African maize" are growing, and dairying and the manufacture of butter are taking place" (5). An analogy is made between the cleansing of character and the laundry on the other side of the stockade, but not much hope is held out for some of the hardened characters that the prison contains, for the report continues: "All the land was green and luxuriant with heavy crops of grass; on the summit of the hill the birds were circling round and round in the very ecstasy of freedom ... When the doors of the cell were flung open from within, however, how different was the scene!" The juxtaposition of productive land and freewheeling birds with the heavy doors of the dark prison associate productivity, hard work, and freedom, and emphasise the loss suffered by those behind the prison doors because of their refusal to labour productively; it also conveys a sense of the protection that the Government provides for the rest of the society.



The next stop was the benevolent asylum at Dunwich to inspect the elderly and impoverished "children of the state": "The institution is in good working order, and the old pensioners are mostly luxuriously basking in the sun or occupying themselves playing draughts or with their slight personal concerns." The "sun" of Government benevolence not only washes clean, and provides a contrast to the inner darkness of the prison, it also warms the bones of the aged and indigent.

Then the progress arrives at the site where James Quigley is to spend the rest of his life. There he is to be discovered "a hammer in his hand, his sleeves are rolled up, and it is evident that he had been at work." He tells the Colonial Secretary, and, coincidentally, the reading public, that he is happy and well cared for: "Quigley finds much delight in his cottage, and is laying out plans for a garden and a fowlhouse," and is looking forward to being joined by James Hemsworth, another young man from Rockhampton who had been diagnosed with the disease. Within the limits of his confinement, he is to be seen reestablishing comforting and comfortable domestic arrangements.

The "sublime" view from the verandah of Quigley's cottage draws upon an Australian pastoral discourse of the island retreat:

The waters of the Bay stretch away to the horizon, ever flashing and changing, now green, now golden, now blue, now silver, as the clouds cross the sun, and shade and light chase each other. The islands are numerous and their green foliage can be distinctly observed, while the shores are lapped by the restless waves. Away to the right is a charming loch, the waters of which glint and sparkle like a sea of silver. (5)

The only sour note in this vision of order and administrative sunshine is the "Aboriginal Settlement" at Dunwich, which is described in a somewhat contradictory way as "a strange mixture of idleness and moral looseness." Its inhabitants are characterised by a disinclination to labour, but, at the same time, the women are described as "comely and buxom." Fear and desire are intermingled. But the general tenor of the report is to place this settlement completely outside what it was possible for the administration to accomplish. The leper has been placed, but there is absolutely no attempt to incorporate the Aboriginal population.

This visit appeared to provide a resolution to the troubling debates that had been taking place. Under the benevolent eye of the colonial administration, the "leper" was apparently happily confined on his own part of the island, in the bay where the reformatory, the penal settlement, and the benevolent asylum neatly contained the inebriates, the indigent, the poor, and the unlawful, materially accomplishing in public view - for the moment - what the legislation was about to accomplish. The body politic was being restored to itself.

\*\*\*

With James Quigley at Dunwich, the colony instituted a series of measures to take control of the disease. The Colonial Secretary forged ahead, in the face of opposition from the residents of Thursday Island, with the establishment of a permanent leper station on Friday Island. The process of incorporation could only be completed by a

further, finer division and separation. The white man with the disease was placed at the boundaries of the city, on an island, in the midst of all the other islands which had been devoted to Government institutions, but to do this, a distinction had to be maintained between him and those more disturbing "others" with the disease. They were relegated to an island much further away. In the north of Queensland, Dayman Island was to be evacuated, and Friday Island was to be established as a permanent leper station.

As Barrell noted, sometimes the "alien nature" was so very alien that it had to be represented "as beyond the *cordon sanitaire* which defines what can be accepted as one's own nature." The men who had been relegated to Dayman Island had been placed beyond what was acceptable for human beings. Quigley was not able to be placed there and so he had to be accommodated in a manner both literally and figuratively "closer to home". On occasion there was a failure to do this; for example, when he was abandoned in the tent on the hospital grounds, and when he was abandoned in the tent without food at Dunwich. But in the end, an effort had to be made, and he had to be accepted as a little less "alien" than the others. Laws had to be made, and public acts of incorporation had to be staged. But his inclusion, albeit on the outer edge of the *cordon sanitaire*, came at a cost for the men of other races who were infected with the disease. A gesture was made for them too, but within defined limits, and they were placed much closer to Dayman than Quigley was at Dunwich in Moreton Bay; their place was to be on Friday Island, next to Dayman and Thursday Islands.

What had happened on Dayman Island was to be viewed as a thing of the past, because "the old system of leaving the lepers to look after themselves would be abandoned, and they would in future be properly cared for at Friday Island under medical superintendence." After all, the Colonial Secretary added, "the old system" on Daymen "was never intended for a place in which to keep human beings."<sup>55</sup> But this admission of the sins of the past was only offered to facilitate a more rigorous and finely-tuned distinction between what was fit to be incorporated and what had to be relegated to the boundaries of the society.

On June 18, 1892, the *Courier's* "Summary of the News" noted that the *Albatross* had taken lepers to Friday Island.<sup>56</sup> The enthusiasm of the new residents destined for Friday Island can be gleaned from the records and newspapers. The Chinese leper from Herberton who had been discovered at the same time as James Quigley attempted to cut his throat.<sup>57</sup> He then managed to escape during the night and was hunted by "police and blacks" while the *Albatross* stood by waiting to convey him to Friday Island.<sup>58</sup> Kowee, the South Sea Islander from Mackay, declined to be isolated saying "You better

---

<sup>55</sup> "Central Board of Health," *Brisbane Courier* 15 April 1892: 6.

<sup>56</sup> *Brisbane Courier* 18 June 1892: 4.

<sup>57</sup> *Queenslander* 25 June 1892: 1248.

<sup>58</sup> The *Queenslander* commented that "considerable excitement prevails over the matter" (1248).



shoot me" and later asked for something to shoot himself with.<sup>59</sup> Dr Salter reported that he "considers his mind unhinged," later reporting:

The Kanaka is now more cheerful and easy mentally. When first he landed he was quite unreasonable and upon my suggesting that I should take away some of his blood declined to permit such a thing and asked for something to shoot himself with. I was inclined to think his mind would succumb to his affliction but after some 'yarning' he seemed to get more passive.<sup>60</sup>

The Medical Officer, Dr Salter described the conditions on Friday Island: The buildings, he said were in a "fair state of repair," although the huts were not very clean, and the floors were not in good condition. His report included a lengthy narrative of one man's death: Billy had been found in a boarding house on Thursday Island with signs of the disease, and was removed, first into isolation on Friday Island, and then into the enclosure with the others, where he was cared for reluctantly by Jimmy Southsea (who was bribed to do so with nips of whiskey). He "failed rapidly day by day," and died on the 28<sup>th</sup> December 1893. Apparently his death contributed to Salter's argument for the retention of a cottage, for he reported:

Without the 4 roomed cottage proposed to be removed poor "Billy's" condition would have been desperate ... none of the huts are floored with wood and he declined to sleep in a bed: so that he would have been lying on the sanded stone floor of the huts in a condition to be understood without description.<sup>61</sup>

He added that the death of "Billy" "depressed the patients very much, otherwise they feel satisfied with the means taken to amuse them."<sup>62</sup>

---

<sup>59</sup> Telegram from J. Douglas to the Colonial Secretary *QSA* (Col 271: No. 13807).

<sup>60</sup> *QSA* 26 Nov. 1892 (Col 271: Nos. 14434 and 13807).

<sup>61</sup> *QSA* 25 Jan. 1894 (Col 264: No. 01568).

<sup>62</sup> *QSA* Jan. 25 1894 (Col 264: No. 01568, Received 9.2.94)



Even more disturbing was the story of David Silee<sup>63</sup> whose medical report had been presented to the Central Board of Health at the same time as the fate of James Quigley was being debated. The doctors had argued bitterly with the Colonial Secretary over his case, at first refusing to confirm his diagnosis until they had seen him. Dr Bancroft demanded that "David Sillu [sic] be brought to Brisbane for examination and if he is diagnosed as having leprosy that he be detained at Dunwich".<sup>64</sup> David Silee's case was convincingly and graphically reported to the Medical Board by the examining doctor Vivian Voss whose letter was published in the newspaper in full. Voss's report conformed to the conventions of a diagnosis of leprosy:

Sir,-I beg to report to you for the information of the Central Board of Health that a Pacific Islander, calling himself David Silla, is in this town under my care, suffering from true leprosy. The symptoms on which I chiefly base my diagnosis are whitened patches on the forehead and face, light-coloured patches on both arms, and whitened patches about trunk (generally scattered) thighs, legs, and fist. Both hands show affection of nails, a few sores and cicatrices, and the top of the left fourth finger has dropped off leaving the phalanx projecting through the cicatricing stump. The feet present a generally similar condition to the hands and are in addition swollen and shiny. One patch on the left leg is completely anaesthetic; in some other situations sensation appears impaired, but as the islander is not very intelligent it is difficult to obtain accurate information from him. He says he has been ill "six moon," a native of Solomon group of islands; he has been in the colony about six years latterly out of employment. He has been staying about North Rockhampton.

Silee died on May 26, 1895, four years later, at the leper station on Friday Island, and astoundingly, on the front of his file "not a leper" is written.<sup>65</sup>

---

<sup>63</sup> *QSA* May 26, 1894 (Col 271: No 05939) and "Central Board of Health," *Brisbane Courier* 19 Dec. 1891: 5-6.

<sup>64</sup> *Brisbane Courier* 12 March 1892.

<sup>65</sup> *QSA* (Col 271: No. 05939).

Eighteen months after the legislation was passed, on 23 October 1894, a *Report of Particulars Relating to Lepers Who Have Been Placed Under Restraint In The Colony* was presented to the Legislative Council: the Dunwich residents of the lazaret were Jeremiah Spillane 55 (Cork Ireland); James Quigley 25; Patrick Molloy 20<sup>66</sup>; James Walters 11; Robert Santos 35 (a South Sea Islander); and William Carty 35. Those on Friday Island were Ah Kimm 53; Ah Lim 50; Tom Ah Ling 41; George Lifoo Lifoo 31 (a South Sea Islander); Jimmy Tanna Tanna (a South Sea Islander), and Jimmy Cook 42 (Cingalese).

On May 14 1898, the *Adelaide Weekly Herald* published a sensational article claiming that over a hundred coloured lepers were isolated on Friday Island. In the colonial imagination, lepers had been multiplying faster than bacteria, although ironically *bacillus leprae* actually develops very slowly. The Colonial Secretary was extremely displeased, commenting that "nothing could be more injurious to the Colony than the circulation of such preposterously false statements."<sup>67</sup> Meanwhile, the government conducted mass medical examinations of the indentured labourers in the colony. (This had first been suggested by Dr Bancroft and then by Hirschfeld.) Out of the 1500 who

---

<sup>66</sup> There was a scandal associated with Patrick Molloy, incidentally also diagnosed by Dr Vivian Voss. Dr Pound, the bacteriologist reported that he "could not detect a single bacillus," (No 08180) and for a while Molloy was kept on Peel by himself, until Dr Byrne was able to provide a conclusive diagnosis (No 09113).

<sup>67</sup> QSA 27 May 1898 (Col 264; No 06547 and 07181).

were inspected, there were disappointingly only three suspects, and specimens of their skin disease were submitted to the Government Pathologist to be examined.<sup>68</sup>

When the Leprosy Bill was passed, *The Boomerang* devoted a column to explaining it. This was accompanied by a cartoon entitled "The Stranger Within Our Gates - Room for the Leper!" (Figure 3) It depicted a buck-toothed, pock-marked, Chinaman peddling baskets of vegetables. The largest basket was labelled "Leprosy." There the "otherness" of the Chinaman converged with the "otherness" of leprosy in the familiar and inviting market garden vegetables for sale and for consumption. Both Chinaman and leprosy were "strangers," aliens "within our gates." The gates of the city had been penetrated, and the democratic community was threatened by those who had no knowledge of or regard for the time-honoured customs that ensured harmonious and civilised living. The article accompanying the cartoon linked leprosy - "emphatically a disease of yellow or black humanity" - with "the peripatetic Chinkie with his baskets of cabbage, lettuce, preserved ginger, and unclean coins - a fit medium for the transmission of dirt and disease." The colony was eating contaminated food, deriving its vitality from the fruits of labour of other races and although, at that moment, growing and thriving, it was ingesting the corrupt potential for its own disease and decay. The article described the bill and its precautionary measures, but maintained that "the only real remedy or radical cure would be the absolute exclusion of the Chinaman from Australia." Then it revealed the more deep-seated concern: "So long as cheap yellow and black labour is legally

---

<sup>68</sup> QSA (Col 271; 06499).

allowed to breed with and replace the white man and woman, loathsome diseases, bred of filth, will spread like a cancer sore throughout white Australia, the heritage of the half bred brats that swarm in our streets."<sup>69</sup>

Anxieties about disease and miscegenation were thus linked with the associations of both germ theory and leprosy to focus on the question of coloured labour. The labourers and their "produce" could then only be figured as disease and filth - a cancer - a heritage of "half-breed brats" swarming (like bacilli) in the streets. The degeneration of the white races was represented as leprosy; and the disease and racial contamination became indissolubly linked over the issue.

---

<sup>69</sup> *Boomerang* 9 April 1892: 5.





Fig 3

The Stranger Within Our Gates - Room for the Leper!



## Chapter Nine

### **Bella Clarke: the Very Heart of Decay**

Leprosy had been represented as a dread disease that eroded the boundaries of the body and slowly and irrevocably robbed people of everything that distinguished them as individuals and human beings: it attacked the very core of physical identity. I have argued that the disease literally embodied threats of disintegration and decay on two fronts. It seemed to evidence the decay of the British domestic population, especially of the poorer classes (and thus increased their potential for revolution). It also raised the spectre of the introduction of infection (whether physical or moral) from the colonies.

Such concerns were of course reflected in the colonies themselves, where to local issues (such as the importation of kanaka labour) were added pressure from London to enact legislation to detain and isolate those identified as potential contaminating agents.

In the specific context of colonial Queensland, anxieties about degeneration in the tropics and degeneration of the racial type heightened the hysteria surrounding the question of control of individual diseased bodies. This process (and the reaction to it) can be understood as if it were an involute which spiraled inwards and simultaneously dispatched what was unacceptable to the boundaries of the social organism. The Chinese were sent to Daymen Island and left to die, but then a white man was discovered with the disease. He was placed a degree closer, but still on the boundaries of the society. Then the coloureds were sent to a more "established" settlement on Friday Island, and for a brief moment everything seemed to be under control.

Then, a white *woman* was discovered. At this point, the symbolic weight of leprosy, which had been brought to focus on individual bodies, was refocussed on the body politic. Bella Clarke was exiled to Peel Island in 1895, eleven years before it officially became a lazaret. Her potential to reduce the community to hysteria was not at first apparent. But as her situation became public, she was progressively reconfigured until she and the island came to be considered a threat to the individual, to the family, and to the nation.

The introduction of the Leprosy Bill, with all its attendant public debate, had at least produced a procedure for dealing with people who were diagnosed with leprosy, and seemed to ensure the eventual control of the disease itself. If the arguments in favour of detention and isolation were correct, then the disease would be progressively eradicated, as it had been in Europe in the middle ages, or as it was being in Norway. Leprosy was, therefore, ostensibly in the process of being contained by the colony, but the more deep-seated anxieties to do with the the State's racial identity, and the threat posed to it by the importation of potentially contaminating alien labour had not been resolved. After all, the legislation only promised to isolate those who contracted the disease; there was nothing in place to stop the general population from being infected, only measures to remove people once they were. Eventually an unspoken question seemed to underpin every report: what would happen if all of Queensland became a lazaret? Ironically, the very asking of this question, in newspapers such as the *Worker*, would eventually succeed in producing the representation of Queensland as exactly that.

Bella Clarke, a twenty-three year old woman diagnosed with leprosy, first appears in the records in a medical report from Dr Lyons.<sup>1</sup> Lyons made two examinations: one at the General Hospital on September 27, 1895 and the other at the Immigration Depot on September 30. His report was framed as an attempt to understand how she had become infected; it contained an "account of her life" as she had related it and is a record of her sexual history and a history of her associations with indigenous people, Chinese, and other immigrants. Initially, a genealogy of health is compiled from the medical history of her father, brothers, and sister. The phrases used by Lyons retain something of the tone of her voice. She told the doctor that her father died four months before she was born, and, although she believed that he had been healthy, she really was not sure. Her brothers and her step sister were all healthy. She left school when she was twelve in order to help her mother run a boarding house. Her indignation is registered at the suggestion that she may have associated with men of other racial groups: "She never at any time associated with Chinamen, or coloured men and women, of any kind," and she "always had an antipathy to coloured people." Her sexual history follows in a more subdued tone: she "got into trouble with a young man, and had a son to him who was consumptive and died when 12 months old." If there was a sense of tragedy associated with this, the clinical tone of the reporting erases it. Her subsequent employment as a servant however, marks a convergence of sexual history and a history of associations with potential sources of infection. At this point, the doctor's clinical tone is

---

<sup>1</sup> "Report from Dr Lyons on Isabella Clarke" *QSA* 30 Sept. 1895 (Col 272: No. 11702) received by the Colonial Secretary on 1 Oct. 1895.

occasionally disturbed by the intrusion of Bella's voice when her "association" with "blackfellows" is suggested:

In 1893, she went up country, as a general servant, to Hornet Bank Station, 33 miles from Taroom. There were 2 blackfellows at the Station who used to have their meals in the kitchen, [she] never associated with them in any way. While here [she] became intimate with a stockrider, a whiteman and a Jew, but did not become pregnant.

Bella emerged at the intersection of discourses of medicine, sexuality, and race. Her movements were mapped from Hornet Bank to Taroom and back to Brisbane, where her mother was shocked at the change in her facial features because "her nose had become flattened and her face discoloured, and ... she had no eyebrows and eyelashes."

Potentially connected to her life story is another narrative, of those she may have contaminated. On her return to Brisbane, she worked as a cook in a lady's house, and in the five weeks leading up to her visit to the doctor she helped a neighbour with her housework.

Her ill health led her to visit the General Hospital where Doctor Jackson diagnosed her as a "suspected leper" and presumably reported her. A medical report followed which mapped the metamorphosis of her body. The changes to the skin of her forehead, nose, chin, and ear lobes, and the loss of eyebrows and eyelashes, the condition of her arms and her thighs, ankles, and feet were sufficient for Lyons to conclude that she had "skin leprosy in a somewhat incipient stage."



Finally, she was mapped as a bacteriological specimen. On September 30, 1895, C. J. Pound, the Government Bacteriologist, sent a bacteriological report to the Colonial Secretary's Office.<sup>2</sup> On taking and preparing specimens of lymph from tubercles on the left hand, wrist and ear lobe of Isabella Clarke, he concluded that "on microscopical examination I found abundant evidence of the presence of numerous leprosy bacilli densely packed within the tissue cells. These characteristic histological appearances prove conclusively that the patient is suffering from true Tubercular Leprosy."<sup>3</sup>

News of her diagnosis had prompted local consternation and suspicion. Within the week, the Commissioner of Police and the Colonial Secretary received letters about her and her family from a member of the public. Mr Woods from the Criterion laundry, who asked that his name not be made public, found her very disturbing. To him, she was "no better than a common prostitute." He identified Bella's "boyfriend," and he also revealed that because she and her sister worked for the grocer, they may have handled vegetables.<sup>4</sup> As a woman, her sexuality was a source of contamination before her leprosy came into the picture; as a leper *and* a woman she represented a particularly potent source of contamination.

---

<sup>2</sup> "Letter from Government Bacteriologist C. J. Pound to the Col Sec," 30 Sept. 1895 (QSA Col 272: No. 11665).

<sup>3</sup> "Report on Case of Leprosy - Isabella Clarke," QSA (Col 272: No. 11665).

<sup>4</sup> "Police report from Mr Woods, of the Criterion Laundry," QSA 5 Oct. 1895 (Col 272: No. 10700 Commissioner of Police; No. 11976 Col Sec Office).



Bella Clarke was placed on Peel Island with a caretaker and his wife in July 1896. The Quarantine Station, the only other building on the island was manned by an officer and his family. The doctor visited from Dunwich, on Stradbroke Island. The men with leprosy were held near Dunwich, which is on the adjacent island, but to all intents and purposes Bella was alone, on Peel. But Bella was not someone who was going to disappear without attempting to be heard. In 1897, she wrote letters to the Colonial Secretary on March 3, 25, September 14, 20, and, in 1898, on March 14,<sup>5</sup> and her mother also wrote, besieging the Colonial Secretary.<sup>6</sup>

On Peel Island, her story was told by the *Street* newspaper, bringing her plight to public attention purportedly in the interests of justice, freedom of information, and in order to remedy public abuses. The newspaper positions itself as searching out the "facts" by making "exhaustive inquiries." It "proclaims" the available information, and it "exposes" public abuses as its moral duty. It is fearlessly and vigilantly at the service of the public, which it calls into being as interested and supportive, and as clamouring for copies to the extent that the newspaper has had to produce an unprecedented second edition. Bella was initially introduced by the newspaper and then her story was taken from her letters to the newspaper, and so seemed to create the impression of self-construction. Initially, she was presented as a "girl" suffering the loneliness and

---

<sup>5</sup> QSA "Letter," 3 March 1897 (Col 264: No. 03719); 25 March 1897 (Col 264: No. 04257); 14 Sept. 1897 (Col 264: No. 11746); 20 Sept. 1897 (Col 264: No. 12053); 14 March 1898 (Col 264: No. 05237).

<sup>6</sup> QSA "Letters from Bella's mother," 11 Nov. 1897 (Col 264: No. 14651); 5 Feb. 1898 (Col 264: No. 01640); "Letter from Bella's mother to Dickson about her complaints about Drew and the caretakers," 4 April 1898 (Col 264).

isolation that the disease inevitably produced. In her first public appearance, there was the flavour of a tragic and romantic recluse about her isolation on the island:

Imagine yourself shut up on a lonely spot, precluded the society of your fellow beings, shunned by all, looked down upon as something loathsome, and fit only for death! Then, and then only - if her story be true - can you conceive the position of the lonely girl, shut out from society amidst the lazarette enclosures on Peel Island..<sup>7</sup>

In 1873 *The Australian Journal* had, in a medical column about the potential of the Chinese to spread leprosy in the colony, quoted the lines from Swinburne's "The Leper"<sup>8</sup> in which the lover who characterised himself as the "faithful servant" and "poor scribe" told how he had nursed the noble and proud lady who had had "changed with disease her body sweet" and died in his arms in her "wattled house," and how he continued, even now, to sit with her, after her death, so as to steal kisses from her corpse, and was now, himself, inevitably marked with the signs of the disease. Early press reports of Bella's case seem intended to convey something of the same spirit of attraction and repulsion as this gothic romance.

Her published pathetic letters of appeal construct her as victim of an array of grotesque and insensitive captors: the heartless caretaker and his wife; the elderly residents of Dunwich who came over from Stradbroke Island to attend to her daily needs; an anonymous visitor to the island who "attempted to commit an indecent assault" upon her

---

<sup>7</sup> "Queensland Girl Leper: Complaints of Infamous Treatment: She Writes to the *Street*: We Want An Inquiry," *Street* 9 July 1898: 4.

<sup>8</sup> *The Poems of Algernon Charles Swinburne*, vol. 1 (London: Chatto and Windus, 1911) 119-24.

and made her the subject of his sexual boasts, and ultimately the colonial administration, represented by the uncaring doctor and the heartless Home Secretary.

In "the interests of the public," however, the newspaper soon moves away from the simple tale of injustice to the poor, unfortunate leper girl to expose a story of political corruption when it investigates the identity of the anonymous visitor who has attempted the indecent assault. At this point in the drama, there was a shift away from Bella, the wronged and suffering recluse, to George Drew, the son of a public servant, and the nepotistic beneficiary of a self-interested administration. In the process, however, Bella also undergoes a shift in signification. The earlier and more private medical construction of her sexuality and her illness converge so that she loses her identity and singularity and is subsumed into the threat that George Drew represents: both become figured as sources of contamination.

When the anonymous visitor was revealed by the intrepid newspaper to be the son of a senior Queensland Public Service Official, the newspaper mobilised a moral discourse which, in constructing itself as a fearless seeker of truth, offered both an expose of immorality and a spirited defence of public health and the family in the face of political irresponsibility. It pointed out that apart from the man's poor moral character, the danger that he represented to society by associating with Bella Clarke was "a danger to your families." Mere contact with him would be poisonous" (5). It appealed for an

inquiry: "In the interests of the public, in the interests of our wives and children, our sisters, and brothers, we demand a public investigation into those terrible charges" (5).

The whole affair assumed the proportions of a public health scandal. The question of Drew's "connection" with Bella was the subject of the Colonial Secretary's inquiries of Doctor Smith, the medical officer at Dunwich and Peel. Mrs Walker, the Quarantine Officer's wife's contact with Bella was considered to be illegal (although there is nothing in the Leprosy Act on this matter). Then there were well circulated rumours that books, clothes, and empty bottles had been removed from the lazaret and taken to the city,<sup>9</sup> and in fact, a young bottle washer was erroneously rumoured to have already contracted the disease.<sup>10</sup> Next there was the problem of what to do with the tainted cottage in which Bella had lived on Peel after it was decided to shift her to Dunwich, where she could be observed more closely. In addition, the newspaper reported meeting someone from the lazaret on the streets of the city, and it was horrified that they had been allowed the "privilege of returning to public life."<sup>11</sup> Finally, there were rumours that men from the lazaret at Dunwich, had actually visited Bella on Peel in their boat.<sup>12</sup>

---

<sup>9</sup> *Street* 16 July 1898: 5.

<sup>10</sup> *Street* 6 August 1898: 5.

<sup>11</sup> *Street* 30 July 1898: 5.

<sup>12</sup> *QSA* Col 264. The 1898 Report of the *Lazarets at Dunwich and Peel Island* lists eleven men, including James Quigley and a thirteen year old child at Dunwich. In 1894, a *Report of Particulars Relating to Lepers Who Have Been Placed Under Restraint in the Colony* lists two at Dunwich.



When the Government appeared unresponsive to the newspaper's calls for an inquiry, an extremely well attended public meeting was held and the outrage against the source of contamination that the woman on the island represented was cast as an exercise of citizenship and a protest against the policies of a Government that continued to permit the entry of indentured labour and Chinese into the colony. The circulation of the newspaper reportedly increased dramatically from 4 000, to 12 000, to 20 000, in a matter of days, and letters of support poured in from all over the colony.<sup>13</sup> The editorial imagined "A nation of tainted and corrupted beings, a mass of people - or rather creatures - whose fair features would be brutally disfigured by the evidence of loathsome disease." It roundly condemned

a system of Government which - by the free importation of leper-infected aliens whose sole utilisation is for the starvation of clean white men to place dollars in well-filled pockets - not only winks at the advance of those disease-encircled hordes, but actually holds out its hand to welcome their presence here in Queensland.<sup>14</sup>

It accused the Government of

gradually contaminating you and your children and their children after them, and to the third, fourth, and aye, even more generations, with diseases that will render them satires on the image of God and repulsive lazars in the sight of men. A few years more and how many of you will be free from taint? Even as you sit cosy in your easy chair before a cheery fire, your children, endeared to you, may be contracting hideous diseases from association with others, who have intermingled and played about the pest-houses of human life in Queensland ...

Contagion and children were linked, for now the corruption of leprosy was indistinguishable from a frighteningly mixed racial type. At the meeting people were

---

<sup>13</sup> *Street* 30 July 1898: 4.

<sup>14</sup> "The Leprosy Scandal," *Street* 30 July 1898: 4.



asked if they were prepared to be complacent about this affront to their safety and their political identity: "to allow this fair colony to go forth in conjunction with such odious designations as leper land." As citizens, it was their responsibility to see that the laws on leprosy were "administered with the strictest observance."<sup>15</sup>

In the midst of this, when news of Bella's removal to the male lazaret at Dunwich was known, the Colonial Secretary and the Premier each received a letter from a member of the public requesting that she not be relocated at Dunwich for fear of the consequences:

I see in the newspapers that the female leper at Peel Island is to be sent to the Lazarette at Dunwich. There is a young man there in whom I take a very great interest and I do not like a young female to be sent near him. I need say no more you will understand the rest. I was told sometime ago by an inmate of Dunwich that disgusting conduct is carried on there between the men and women. They meet somewhere in the scrub.<sup>16</sup>

His letter to the Premier disclosed more of his concern: "There is young man there who is very dear to me and I do not like a young woman to be sent near him, his body is falling to pieces but I want his soul to be pure and holy." He would not accept guarantees that what he feared would not occur: "It is all nonsense to say that safeguards have been fully provided for the prevention of intercourse between the Lazarets for the different sexes. You cannot do it. Why not provide this poor girl with a place near the women's quarters at Dunwich? I would respectfully ask you not to allow

---

<sup>15</sup> "The Leprosy Atrocities," *Street* 20 August 1898: 4.

<sup>16</sup> QSA "Letter to the Home Sec from Denis Lineham," 1 June 1898 (Col 264: No. 07375).

this young woman to be sent to the men's Lazaret."<sup>17</sup> The response from the administration was that there was no need for alarm:

I should advise the writer not to accept implicitly the reports he may hear circulated by dismissed or expelled patients and officers. Every care is taken at Dunwich of the moral as well as physical condition of the patients.

Note: Inform Mr Lineham that after ... inquiry the Premier has satisfied himself that the safeguards provided are amply sufficient ...(to prevent) any possibility of intercourse between the sexes.<sup>18</sup>

Bella had become not only the source of leprotic contamination of the whole colony, but also the focus of ungovernable sexual temptation. She was, both morally and physically, a source of corruption - the heart of decay and degeneration lying in wait on Peel Island to be unleashed on the colony. The woman's sexuality by itself was sufficient to brand her as a potential contaminant. Women, as Brinton notes, were also regarded as mothers of the race, and so Bella, though the contaminating source, was also responsible for producing children who retained and, in turn, transmitted its purity. Her leprosy with its mediaeval sexual taint in conjunction with her gender, were combined into a powerful symbol of disease, degeneration, and political corruption figured as female. At the same time, *The Worker* began to publish satirical cartoons of the Colonial Secretary (eventually to become the Premier of the colony) waltzing with a woman who represented both colony, leper, and prostitute (Figures 3 and 4). Bella's body was the body politic corrupted; its damaged sexual and biological integrity became

---

<sup>17</sup> QSA 14 June 1898 (Col 264: No. 08021).

<sup>18</sup> Note: "The writer of this letter need be under no apprehension ...safeguards have been fully prepared in connection therewith and indeed the woman will be under stricter surveillance than at Peel Island."

the integrity and heritage of the colony's body, prostituted for the sake of economics and the profit of a few powerful men.

In Thomas Mann's *The Magic Mountain*, Hans Castrop pours over volumes of pathological anatomy, tracing the action of disease and micro-organisms in the body, until he decides that disease is really only part of the process of living: "Disease was a perverse, a dissolute form of life." And life was really "an infection, a sickening of matter." In his fevered imagination, life, death, disease, and desire merge in the transcendent body of the woman he longs for, the translucent and anatomically exposed body of the diseased Frau Chauchat:

He beheld the image of life in flower, its structure, its flesh borne loveliness. She had lifted her hands from behind her head, she opened her arms. On their inner side, particularly beneath the tender skin of the elbow points, he saw the blue branchings of the larger veins. These arms were of unspeakable sweetness. She leaned above him, she inclined unto him and bent down over him, he was conscious of her organic fragrance and the mild pulsation of her heart. Something warm and tender clasped him round the neck; melted with desire and awe, he laid his hands upon the flesh of her upper arms, where the fine grained skin over the triceps came to his sense so heavenly cool; and upon his lips he felt the moist clinging of her kiss.<sup>19</sup>

---

<sup>19</sup> Thomas Mann, *The Magic Mountain*, trans. H. T. Lowe-Porter (Great Britain: Penguin, 1960) 286.



Series O.—No. 11 Coupon  
 Popular £1 Parcel Parcels.  
 OVERELL & COMPANY,  
 Brisbane.  
 Vol. 10—No. 414

# The Worker

OFFICIAL JOURNAL OF THE FEDERATED WORKERS OF QUEENSLAND

BRISBANE, APRIL 8, 1899. Price, One Penny.

USE  
**T.U.S.**  
**SHEARS.**  
 THEY HOLD  
 THE WORLD'S RECORD.  
 Manufactured by the  
 T.U.S. Co-Operative Society,  
 SHEFFIELD.



"HERE WE GO ROUND THE MULBERRY BUSH."

Fig 4

Series O - No. 9 Coupon

1899 EA YEAR 1899

1000

OVERELL & COMPANY,  
Brisbane.

OVERELL & COMPANY,  
Brisbane.

OVERELL & COMPANY,  
Brisbane.

OVERELL & COMPANY,  
Brisbane.

OVERELL & COMPANY,  
Brisbane.

# The Worker

OFFICIAL JOURNAL OF THE FEDERATED WORKERS OF QUEENSLAND

Vol. 10—No. 412

BRISBANE, MARCH 25, 1899.

Price, One Penny.

USE

## T.U.S. SHEARS.

THEY HOLD  
THE WORLD'S RECORD.

Manufactured by the  
T.U.S. Co-operative Society,  
SHEFFIELD.



THE GOVERNMENT WALTZ.

Fig 5



The cartoons of the incident in *The Worker* reveal a disgusting, demonic figure with uplifted arms overshadowing, possessing, and conjuring the figures of the Premier, a kanaka, and a Chinaman, all marked with the blotches of leprosy, and all indulging in a frenzied dance around the pedestal on which she stands. They are under her spell, the spell of disease, and she, as woman, as prostitute, and as the colony, conjures up the partnership between political influence and alien labour, which has prostituted and thereby jeopardised the heritage of the colony. Woman and leper formed a potent combination that once again renewed the symbolic power of the metaphor, which was revived on a much larger stage of representation.

## Chapter Ten

### The State of the Nation: Newspapers and the Re-Introduction of Kanaka Labour

Bella's medical examination had focussed on possible chains of contamination from Chinese, Aboriginals, or even Jews. Her sexual history was considered sufficiently ambiguous to allow for the "taint" of contamination. At this point leprosy, with all its metaphoric power, came to be sharply focussed on one woman, only to turn at the same time outwards making her also a metaphor for the body politic, as leprosy, the colony, and the nation infected and reinfected each other with meaning. An intrinsic part of this potent symbolic interchange was once again the relegation of the bodies of "others" to the margins.

At about the same time that Bella Clarke became a source of scandal on Peel Island, two Queensland newspapers, *The Worker* and *Progress* battled Government interests that were invested in the continuation of immigrant labour. A large part of their strategy was to highlight the presence of leprosy in the colony, and as Federation of the colonies approached, to look towards the national forum as one in which this problem would be solved. The movement towards a federated nation at the turn of the century presented the potential for national integration of the Australian colonies, and once again leprosy, as the exemplary figuration of the corrupt, decaying and fragmenting body, served to externalise the horror and uncertainties of both desire for and a failure to achieve this integration. In both newspapers, the "threat" of the disease served as rhetorical impetus towards national unity.

While the threat of degeneration embodied in the leper had in England taken the form of a concern for the degenerative potential for the lower classes, in Queensland the figure of the leper was used by the working class movement in the colony against the Conservatives in a struggle between labour and capital, and in the movement towards the Federation of the colonies into a nation.

The "body of men" or the "labouring population" referred to in the Manifesto of Samuel Griffith were forming themselves into an extremely powerful and persuasive movement. This self construction took place through a series of oppositions which would include the metaphoric resonances of leprosy. Discourses of disease, class, masculinity, and race converge at this moment in Australian history. Banjo Paterson's "A Bushman's Song" depicts a self-deprecating, ironic, but good humoured archetypal working-class Australian who is looking for work:

I asked a cove for shearin' once along the Marthaguy:  
"We shear non-union here," says he. "I call it scab," says I.  
I looked along the shearin' floor before I turned to go -  
There were eight or ten dashed Chinamen a-shearin' in a row.

It was shift, boys, shift, for there wasn't the slightest doubt  
It was time to make a shift with the leprosy about.  
So I saddled up my horses, and I whistled to my dog,  
And I left his scabby station at the old jig-jog.<sup>1</sup>

Non-union labour is, in the bushman's terms, "scab" labour. It is also, in these verses, labour supplied by opportunistic workers from another racial group. The "eight or ten dashed Chinamen a-shearin' in a row" are an efficient, homogeneous, undifferentiated,

---

<sup>1</sup> *The Collected Verse of A B Paterson Containing "The Man from Snowy River," "Rio Grande," "Saltbush Bill" with an Introduction by Frederick T Macartney* (Sydney: Angus and Robertson, 1921) 65.

and totally replicable group insinuating themselves into the heroic struggle between employer and worker. The organised workers, striking for better working conditions, have had their industrial action stymied by an almost self-replicating Chinese working machine. The bushman's haste in leaving the station reflects an eagerness to quit the site in which race, disease, and the frustration of the working class converge. In the process, "scab" labour and leprosy become synonymous with the Chinese.

William Lane, the editor of the *Boomerang* (1887-9) and *The Worker* in 1890 was one of the most influential voices in this period of working class unrest. After the imprisonment of the leaders of the Great Strike, the *Brisbane Telegraph* suggested that the arrests were misdirected, and that Lane was "the real criminal." The paper called him "the Man Behind the Curtain." The *Courier* also noted Lane's influence, characterising him as "the chief plotter" and "arch-conspirator."<sup>2</sup> Lane's socialism drew on a masculinist ethos in which bushman, fellow worker, and mateship converged. It was expressed as "the desire to be mates," as "an ideal of living together in harmony" and "brotherhood" (57-8): "as manly independence whose obverse side was levelling, egalitarian collectivism, and whose sum was comprised of the concept of mateship."<sup>3</sup>

---

<sup>2</sup> Michael Wilding, introduction, *The Working Man's Paradise: An Australian Labour Novel*, by 'John Miller' (William Lane), facsimile ed. 1980 (Sydney, Australia: Sydney UP, 1892) 57.

<sup>3</sup> Russell Ward, *Australian Legend* (Melbourne, Oxford U P, 1954) 167.

In *The Working Man's Paradise*, published after the Great Strike, to raise money in support of the families of the men who had been imprisoned, William Lane<sup>4</sup> expresses the same conjunction of race, class, and masculinity with the addition of sexual tension. Nellie, a Sydney dressmaker, who understands the seriousness of the class struggle, is musing while she waits for Ned "a sunburnt shearer to whom the trackless West was home" (9). Her musings contrast the wild, free children of her bush home with the "vile" sounds of the children in the wretched urban street, and she is overwhelmed by the increasing numbers of children born into poverty. She thinks of this as a "holocaust of the innocents." At the same time, she recoils from the voluntary "barrenness" of the younger married women whom she knows. Her anxiety is expressed as concern for the outcome of the race: "What were they all coming to? Were they all to go on like this without a struggle until they vanished altogether as a people ..." (9).

At this point in her musing, Nellie's attention is riveted by "the round-cheeked, bland faced Chinaman who stood in the doorway of his shop in the crossing thoroughfare, gazing expressionlessly at her." She recoils with loathing from his masked gaze: "He always seemed to be watching her, to be waiting for something. She would dream of him sometimes as creeping upon her from behind, always with that bland round face." The gaze of the Chinaman, his immobility and lack of expression, conceal, in Nellie's terms, the impulses of a stalking animal, sexual predator, and unimpassioned observer of the degeneration of her racial group:

---

<sup>4</sup> He published the book under the name John Miller.



This yellow man and such men as he were watching them all slowly going even lower and lower, were waiting to leap upon them in their last helplessness and enslave them all as white girls were sometimes enslaved, even already, in those filthy opium joints ... (9)

Nellie's fear of the Oriental gaze and its sexual implications is not unmixed with fascination and grudging admiration, for she concedes "perhaps under all their meekness these Chinese were braver, more stubborn, more vigorous, and it was doomed that they should conquer at last and rule in the land where they had been treated as outcasts and intruders" (9).

At that moment, Ned appears, embodying the racial patrimony, and bursting with good-natured, unselfconscious virility: "He stood five feet eleven in his bare feet yet was so broad and strong that he hardly looked over medium height..." (10). Interestingly, as he swings along "unabashed by the stares of the women or the impudent comment of the children," his unselfconsciousness irritates Nellie, and she takes it upon herself to educate him by taking him to the same sort of sites as those explored by Charles Booth and, later, by Jack London.

Just as Nellie informs the innocent Ned about the distress of the urban working class, *The Worker* functioned to communicate this plight to bushworkers scattered throughout the colony and, in doing so, to weld them into a united, political identity. Established in 1890 by William Lane, *The Worker* was an arm of the Australian Labour Federation. Its editorial of March 8, claimed it to be "a journal of the workers, in touch with their

thoughts, inspired by their needs. What they want it wants. The way they go it goes."<sup>5</sup> This identification addresses an already existing body, but simultaneously produces it, directly addressing its readers as "workers."

At the same time, the connections that were made in *The Worker* between race and disease did not solely represent a purely working class position. *Progress*, a newspaper which espoused more liberal sentiments, evinces an alliance with this aspect of the agenda of *The Worker*. Kay Saunders in *Race Relations in Colonial Queensland* has demonstrated that a similar position on race to that taken in *The Worker* also existed within liberal circles in colonial Queensland. Saunders describes an electioneering procession through the streets of Brisbane as early as 1878 in which "a group of white working class Liberal supporters" paraded as "nigger minstrels," one of whom was dressed as a Kanaka. She writes that they "reminded the public of the potential source of social infection to the body politic which coloured labour threatened."<sup>6</sup> Clark writes that there was little to choose between Labour and Liberal positions in the late 1800s: "the only difference between the early Labour Party and the Liberals was that Labour wanted to go faster and probably, further along the road of social legislation." He points out that both groups worked together from the 1890s until 1905.<sup>7</sup>

\*\*\*

---

<sup>5</sup> "Editorial: The Gospel of Organisation," *The Worker* March 1890: 8.

<sup>6</sup> Saunders in Evans 152.

<sup>7</sup> C. M. H. Clark, *Select Documents in Australian History: 1851-1900* (Sydney: Angus and Robertson, 1955).

The readers of *The Worker* are also identified as an irresistible elemental force emerging out of the Australian landscape: "The workers of Australia are organizing ... in great conglomerate masses, by hundreds and thousands and by tens of thousands. And Queensland leads." They are "flood waters that run a banker" and the "lightnings of quivering thunder clouds on a sweltering summer night."<sup>8</sup> They are a force of nature as natural and unopposable as the elements.

By identifying the goals of the worker with those of the newspaper, Lane embarked on the subtly prescriptive task of actually producing the worker as a richly textured ideological product. Lane and the newspaper editors who followed him constantly negotiate a version of reality that contests those expressed by the Conservatives, particularly in the *Brisbane Courier* and in the colonial Parliament. The conflict between employee and employer over the importation of indentured labour, as expressed in *The Worker*, becomes a struggle for the identity of the worker. The progressives' worker is white; that of the conservatives is black. To the progressives, the black worker is a scandal and an affront to everything that they have fought for. To the conservatives, he is a means to an end.

The battleground for the meaning of the worker in the colony of Queensland thus became an increasingly specific battle over his body and particularly his physical health; the loathsome disease of leprosy became attached to the body of the black worker as a

---

<sup>8</sup> *The Worker* March 1890: 8.

clear manifestation of the scandalous nature of indentured "slave" labour. What starts as a classic story of a battle for control of the means of production (with an additional element of racial difference) becomes a struggle that determines the identity of a nation and the policies towards immigrant races: the white Australia policy.

That this conjunction of disease and race would fuse inseparably until the specifics of the disease would be almost invisible was an unintended effect of class struggle. In contemporary debates about immigration in Australia, people are surprised at the heat that is generated around the unacceptability of Asians and black races. We remember how our national identity was forged, and we remember that we were most unwelcoming to Asians and others, but we seem to have forgotten that there was, at the turn of the century and during the lead-up to Federation, a potent metaphorical resonance of disease with all its symbolic power, attached to the bodies of those "others."

To demonstrate the continuing force of this association, it is first necessary to identify the discursive formations which converge in *The Worker*. This formation, which produces the "worker," draws on some very diverse and historically different concepts. In describing Gramsci's approach to ideology, Hall notes that "ideologies are not transformed or changed by replacing one, whole, already formed, conception of the world with another, so much as by 'renovating and making critical an already existing



activity.'"<sup>9</sup> The borrowed and renovated discourses that coincide in *The Worker* are evidence of a counterhegemonic struggle that successfully co-opts a number of powerful ideologies to a class world view. Part of the fascination of this story is how this match between ideology and the working class, in the struggle for power, involves the cooption of a discourse of race which is closely and significantly aligned with a discourse of disease. Out of the articulation and disarticulation of some new and some well worn ideas, including a discourse of racial superiority and a discourse of invasive disease (neither of which belonged solely to that working class ideology), a new position was made available at a moment of social upheaval. Part of this new position depended for the creation of a working class colonial identity on a strong investment in the creation of its scandalous opposite. The emerging Australian workers' imaginary unity opposed itself to the "disease-ridden" fragmented body of the black servile labourer.

*The Worker*, the most influential newspaper in this battle against immigrant labour endorses a worker who belongs to a harmoniously organised community of other workers, and to a global organisation which is in the process of taking control of the forces of production. This worker is selfless, prizing freedom, equality, and responsible citizenship. He is a just, secure, and thinking man. His masculinity and potency are inseparable from his pride as a wage earner, and his ideal embodiment is the bushman. To achieve this, the newspaper draws on Socialism, Christianity, the Democratic ideals

---

<sup>9</sup> Stuart Hall, "Gramsci's Relevance for the Study of Race and Ethnicity," *Journal of Communication Inquiry* 10 (1986): 23.



of Ancient Greece, ideals of masculinity, and Enlightenment discourses, all of which are brought into complex conjunction, serving to ground the emerging formation. The diverse origins of these regrafted ideologies afford multiple points of recognition for the readers of the newspaper. The value of "renovating" and "reinvesting" such ideological fields is that readers already in-part inhabit them and are able to be positioned in the newer formation without any sense of dislocation.

Such a complex could thus provide a foundation for a program for the future reconstruction of society which is utopian, democratic, nationalistic, and socialist. The success of the workers' movement is connected to the birth of this new nation:

And at this epoch, when from end to end of Australia the idea of nationality is in all men's mouths and fermenting in all men's brains, is the time for the workers to insist in their united strength, in their resistless solidarity that there shall be just such a general overhauling, that when this Australia of ours rises among the Nations she shall rise as the land of free men, not as the land of slaves.<sup>10</sup>

Lane's worker is embodied both positively in the busman and by opposition to the worker under the power of Capital. In the individualistic and competitive regime of Capitalism, workers are slaves: poor, dependent, apathetic, impotent, and servile. Those in power rely on the workers' servility and on the spasmodic nature of attempts at individual opposition.

This socialist thread is also given both spatial and temporal dimensions. The worker is referred to the inevitability of the law of supply and demand in every part of the world,

---

<sup>10</sup> *The Worker* 1 March 1890: 9.

and the powerlessness of slaves in modern Babylon, Paris, New York, England. At the same time, he is told, such inequities did not always exist in the past, and the worker should work towards and look forward to a time in the future in which the status of labour will be reinstated in the place it occupied during the best periods of the middle ages and of antiquity, when "it will become again the material existence of the intelligence of a nation."<sup>11</sup> Workers are reminded that whatever they agitate for is theirs by right because they are the producers of wealth: "Workers ask charity of nobody. They do not have to, for there is no wealth in existence which did not come from them, nor a stick nor a stone, not a pound of wool, nor a loaf of bread. They produced all that is in Queensland or the exchange value for it."<sup>12</sup> The socialism the newspaper espouses is founded upon masculinity and solidarity. The Federation of Labour across Australia is expressed visually: "The bushman has stretched out his hands to clasp in union with the tradesman of the town and the dweller by the sea" and he will join wharf labourers, artisans, women, and the unskilled, until eventually the "entire manhood of the State" will be recruited.<sup>13</sup>

As a powerful strategy to ground that imagined unity, "The Worker Calendar" brings together local union struggles onto the one page in a chronology of events to create the impression that there is a growing tide of agitation across the country, that workers are

---

<sup>11</sup> *The Worker* 1 March 1890: 11.

<sup>12</sup> "Gospel of Organisation," *The Worker* March 1890: 9.

<sup>13</sup> "Gospel of Organisation," *The Worker* March 1890: 8.

taking a stand, and they belong to a strengthening and dynamic organisation.<sup>14</sup> It tables the progress of debates amongst unionists on the question of whether they will join the Federation or not. It celebrates decisions made by unions to affiliate themselves with the organisation. It notes improvements in wages and conditions that are won by the Federated Labour on behalf of specific trades. It also reports struggles in other parts of the world in order to reinforce the global context for the battle between labour and capital. For example, workers are tried and imprisoned in Germany for demanding improved conditions. In London, gas stokers are on strike. In Vienna, striking glassworkers are shot. The overall impression is of the necessary empowerment offered by the Federation.

This predominant socialist mode is entwined with a number of threads that produce a historical context for the workers' movement and, at the same time, construct a rich identity. Workers are enjoined to "take all social injustices and industrial inequalities and vested privileges, and strangle them one by one with your million-muscled hands ... as Hercules strangled in his cradle the serpents of Juno."<sup>15</sup> Beside this image of heroic strength is a further appeal to nobility, wisdom, and virtue: to be "thinking men working in harmony with each other for the good of all," to "be patient and wise."

---

<sup>14</sup> *The Worker* March 1890: 6.

<sup>15</sup> "Gospel of Organisation," *The Worker* March 1890: 9.

In a moment of lyricism demonstrating how various traditions are almost inseparably entwined, the Platonic ideals of creativity and idealism are enmeshed with a nineteenth century ideal of irresistible evolutionary progress, a vision of utopia, and a scriptural allusion to the worker as Creator:

All that makes life human comes from the worker. We cannot touch anything but what is the expression of an idea, perhaps of thousands of ideas. We cannot look upon anything without being lost in the depths of the sea of thought which served to create it. .... This influx of thought beating irresistibly, restlessly, ceaselessly, against the wall of ignorance undermines it, and, as said Carlyle, prepares for us, by sure methods, industrialism and the Government of the wisest.<sup>16</sup>

The Christian tradition also supplies an ideological strand in offering the antithesis of the sort of world that the worker should struggle to create. This anti-vision is of a great Old Testament idol, a figure of Mammon, with feet of clay stained with the blood, not of the martyrs, but of the workers. The head of the idol is the golden head of those in power.

The decline of Roman civilisation is referred to in order to illustrate the possibility of the destruction of a decadent and worn out structure and the possibility for reconstruction:

It would be better to shake this civilization to pieces as the Goths and Vandals shook the rotten civilization of Rome, than to see our bold, brave, dashing bushmen degraded to the helpless poverty of the once-hardy peasantry of the Atlantic lands.<sup>17</sup>

---

<sup>16</sup> "Plain Thoughts for Plain Thinkers," *The Worker* March 1890: 11.

<sup>17</sup> "The Gospel of Organisation," *The Worker* March 1890: 9.

The historical religious and mythological context thus provides a foundation for a program for the future reconstruction of society which is socialistic, utopian, democratic, and nationalistic. The birth of nationalism in Australia becomes an opportunity to rectify the failures of European civilisation by making Australia a land of free men. The success of the workers' movement is thus inherently connected to the birth of this new nation:

And at this epoch, when from end to end of Australia the idea of nationality is in all men's mouths and fermenting in all men's brains, is the time for the workers to insist in their united strength, in their resistless solidarity that there shall be just such a general overhauling, that when this Australia of ours rises among the Nations she shall rise as the land of free men, not as the land of slaves.<sup>18</sup>

These ideals are further elaborated in the manifesto calling for one-man-one-vote. In free states, the newspaper argues, there exists "government by the will and the consent of the governed" where every man is equal before the law, so that "laws shall be mutually agreed upon by those who by act of citizenship have agreed not only to keep for themselves but to maintain against attack all constitutional regulations instituted for the common well being."<sup>19</sup> The workers' claim to the rights of citizenship are drawn from the classical idea of the *polis* as well as from the revolutionary ideals of the eighteenth century.

---

<sup>18</sup> "The Gospel of Organisation," *The Worker* March 1890: 9.

<sup>19</sup> "One-Man-One-Vote," *The Worker* 13 June 1891: 5 and 6.



This summons to nation making and to citizenship is elaborated as a call for the Australian worker to take possession of the Australian land in order to win fair working conditions and legislative redress:

To all these has the call gone forth to stand together, so that the Australian worker may not be wholly an outcast in the Australian land that of right is his; so that he may be able to win and maintain fair conditions of labouring for himself and for his fellows; so that he may be able to secure redress for industrial wrongs through the legislature from which as yet he is almost entirely excluded. (9)

The aims of *The Worker* correspond to a particular vision of utopia popularised by Richard Bellamy's *Looking Backward*. A late nineteenth century Bostonian discovers, on awakening, that he has overslept like Rip Van Winkle. As he slowly adjusts to a Boston of the year 2 000, he compares the struggle between labour and capital in the nineteenth century to the social order of the twentieth century in which nation and capital have been united. This union is presented as a logical process of industrial evolution which resolves the labour question. The point of arrival of this evolutionary process is the "final consolidation of the entire capital of the nation ...(in) a single syndicate representing the people, to be conducted in the common interest for the common profit." As a part of this evolutionary industrial progression, all business corporations have become absorbed into one great business corporation - the nation, which, in turn, has become "the one capitalist in the place of all other capitalists" the profits of which all citizens share.<sup>20</sup> The final vision of what might be achieved is embodied in the Boston of the future, a "New Jerusalem":

---

<sup>20</sup> "Looking Backward" by Richard Bellamy as serialised in the *Worker* in 1890. This excerpt was 1 May 1890: 13.

At my feet lay a great city. Miles of broad streets shaded with trees and lined with fine buildings, for the most part not in continuous blocks, but set in larger or smaller enclosures, stretched in every direction. Every quarter contained large open squares filled with trees, among which statues glistened and fountains flashed in the late afternoon sun. Public buildings of a colossal size and an architectural grandeur, unparalleled in my day, raised their stately piles on every side. Surely I had never seen this city no one comparable to it before.<sup>21</sup>

Presented, in serial form in *The Worker*, in 1890, in the colony of Queensland, in a country moving towards a federated union of workers and a national federation, Bellamy's *Looking Backward* suggests a vision and a program for national reconstruction.

This powerful construction of the worker is situated temporally, both in the traditions of the past and in a new order in the future, as a federation that would be synonymous with the nation. It is also situated spatially in a global context of the workers' struggle, and secondly, in a contemporary national context through visual images of brothers, hand-in-hand, spanning the nation. This positioning of the worker was grounded in the events of the 1890s when workers stood against their employers and suffered the trial and imprisonment of their leaders. The reintroduction of cheap black labour, in 1892, in a climate of economic insecurity, was thus understood by *The Worker* as an unexpected and unprecedented attempt to bypass the battle to improve conditions and to prevent the struggle towards the great social reconstruction envisaged for the Australian nation.

---

<sup>21</sup> *The Worker* 1 April 1890: 11 and 12.

*The Progress* newspaper was established, in 1899, by James Drake, a Member of the Legislative Assembly, with the intention of voicing the aspirations of the Progressive League. It styled itself a "Penny *Boomerang*" without the pictures, and announced itself as "A Journal Devoted to the Advancement and Prosperity of Queensland as a Colony and as a State of the Australian Commonwealth."<sup>22</sup> Its proclamation of Queensland as a State of the Australian Commonwealth foregrounded the newspaper's interest in the issue of Federation and Queensland's place in it. It had seven main aims: one adult, one vote; Australia for the white man; Queensland markets for Queensland producers; taxation according to ability to pay; land for the man who will use it; conciliation and arbitration; and free higher education.<sup>23</sup> Its front page declaration<sup>24</sup> included a Brunton Stephens poem, "Australasia," which imagined an idealised unified nation. It is a "fair ideal" emerging as a woman out of the horizon at the dawning of a new day: "Already on the heights of morn/ We see thy golden sandals gleam." Hand in hand with the anticipated emergence of the nation was the expression of a "pure song of virtuous liberty," quoted from Wordsworth.<sup>25</sup> (Interestingly, while *The Worker* was idealising a body of men united as workers across the nation, *Progress* was imagining the nation as female).

---

<sup>22</sup> *Progress* 4 February 1899: 1.

<sup>23</sup> C.W.R. "My Point of View," *Progress* 25 February 1899: 9.

<sup>24</sup> *Progress* 4 February 1899: 1.

<sup>25</sup> "The Paramount Duty," *Progress* 18 March 1899: 1.



The newspaper constructed its audience as "the people" and as "democrats" who had a choice between "crouch(ing) under capitalist rule" and "governing themselves."<sup>26</sup> The people as "democrats" were encouraged to vote along lines which thwarted the monied class from continuing to import indentured labour. In the process, the opposing factions were characterised as "white Australia" as opposed to "black Australia." The newspaper addressed itself to "white Australia": "Over the heads of the black labour loving crowd, we speak to white Queensland and voices from all parts of Australia send back shouts of sympathy and encouragement."<sup>27</sup> They were encouraged to exercise their right to vote so that the "majority" would govern the country: "every man with liberal ideas wishes Queensland to be ruled by a majority of people, so every democrat should vote for a Bill which enables Australia to be ruled by a majority of the people of Australia,"<sup>28</sup> and this involved voting for a "white Queensland."<sup>29</sup>

White Queensland began to coalesce with a vision of national unity based on racial homogeneity. The nation was to be "of one race and blood, owning one common fatherland, living under the same forms of government and with sisters, brothers, fathers, and mothers," and if Queensland did not register its willingness to belong to

---

<sup>26</sup> *Progress* 11 March 1899: 1.

<sup>27</sup> *Progress* 25 March 1899: 1.

<sup>28</sup> "Editorial: Australia for Australians," *Progress* 22 July 1899: 6.

<sup>29</sup> "We Want a White Queensland and Democracy," *Progress* 18 March 1899: 6.

this nation, it would "decline to be an outcast of this fair nation, which, within such a very short time, will spring into existence in the Southern seas."<sup>30</sup>

\*\*\*

To *The Worker*, the black labourer was unavoidably the very opposite of the white egalitarian worker in whose hands the future of the nation rested. Until this point the potent, selfless, just, secure, thinking, and wage-earning man who prizes freedom, equality, and responsible citizenship embodied in the bushman had found his "other" in the poor, dependent, apathetic, impotent, and servile slave who is a tool of the individualistic and competitive regime of Capitalism. Kay Saunders describes the planters' stereotype of the Kanaka<sup>31</sup> labourer as an "irresponsible child-like being who needed guidance and discipline,"<sup>32</sup> and she suggests that Liberals held a similar view. In contrast, the white working class viewed Kanakas with suspicion and "feared the presence of any indentured servants who could so easily submit themselves to humiliating servility."<sup>33</sup> When the "other" of the worker became the Kanaka labourer, he became an inversion of the archetypal bushman, the antithesis of the white worker, that is, a slave. Saunders points out that this was not strictly the legal status of the Kanaka labourer: "Whilst Islanders in Queensland were never slaves (that is, the *legal*

---

<sup>30</sup> "Editorial: Australia for Australians," *Progress* 22 July, 1899: 6.

<sup>31</sup> Saunders points out that "Generally, Melanesians in Queensland were called 'Kanakas', a term that originally came from a Polynesian dialect and simply signified the general concept 'man'. However, its application in Queensland acquired quite different connotations, being closely related to the term 'nigger' and 'boy', as used in the American South" in Evans (163).

<sup>32</sup> Saunders in Evans 163.

<sup>33</sup> Saunders in Evans 166.



property of another person, to whose will they were totally subject and who could coerce their labour), they represented a form of *highly unfree* labour, subject to stringent and legal discrimination."<sup>34</sup> Yet in the discursive modality of *The Worker*, the category of slave was the one most immediately available and rhetorically apposite.

Saunders distinguishes between the Liberal view of the servile worker and that of the working class. She suggests that the Liberal view was that the "obsequious servile alien would undermine the fabric of... society which purported to support democracy and civil liberty," and that the working class "changed the racial emphasis from that of a predominantly *political* and *economic* threat to a sexual and social one." But if the *Worker* can be taken to be representative of the working class, and in fact is at least partly responsible for producing that class and the discursive formation through which it expresses itself, then the Liberal view is also coopted in and by *The Worker* to a Labour or working class modality. That view is assumed at various stages, but never at any stage does *The Worker* forget the political and economic consequences of indentured labour.

Initially, in *The Worker*, the phrase "slave labour" served to express the newspaper's disgust at the situation in which the white worker was deprived of his power to negotiate acceptable wages. In this state, "Queensland Labour, Australian Labour, is to be forced to compete with the lowest form of Labour known." Slave labour violated

---

<sup>34</sup> Saunders in Evans 168.

everything that Labour envisaged itself as working towards: "Black labour is not a step towards living like brothers together ... It is a step backwards, a using of the country for pure profit-mongering, an ignoring of all the great common interests which should bind citizens of the same community together."<sup>35</sup>

Slavery had always existed at the very limits of the continuum of what was unacceptable for a worker. William Lane (once again writing as John Miller), clearly states that "not until the workers control and use in common the means of production can they cease to be slaves of selfish monopolists." But freedom from slavery could only be earned and merited:

We may pretend to think otherwise but in our hearts we all know that we are rightfully slaves and not free because if we were fit to be free men we should not submit and endure as we do, all of us, employers as well as employed. It does not matter what makes us slaves, whether it is our folly or our knavery or our ignorance or our weakness, slaves we are and slaves we shall be till we think less of our lives and more of our manhood and refuse to beg longer for work from those who by fraud and force have stolen the right to live from us.<sup>36</sup>

For *Progress*, the black labour in the colony was "a milder form of slavery" albeit one that "threatens to spread disease and death in the country and to become a curse to all Australia."<sup>37</sup>

---

<sup>35</sup> "The Editorial Mill," *The Worker* 5 March 1892: 1.

<sup>36</sup> "The Editorial Mill," *The Worker* 21 May 1892: 2.

<sup>37</sup> "In Darkest Queensland: More Suspected Lepers," *Progress* 24 June 1899: 7.

In 1892, after the publication of Samuel Griffith's "Manifesto," *The Worker* quotes the Liberal leader's earlier speech opposing black labour. In 1889, in support of the end to indentured labour, Griffith had argued that in order to build a colony on the principle of equality, it was not possible to have "men amongst us of a servile race who cannot be admitted to a share in the government of the colony."<sup>38</sup> His argument is repeated by Wallace Nelson, in 1892:

If a black is good enough to be invited to a country he has a right to get the best work he can find. If he is not good enough for the country he should be kept out. When I invite a man to my house I treat him as an equal. If I don't think him my equal I don't invite him. I never committed the folly of inviting a gentleman to sit on the floor or to dine in the kitchen.<sup>39</sup>

Significantly, this assumes that the black man cannot be treated as equal, and therefore should not be admitted to the democracy. This was foreshadowed in the 1890s when, in the bid for the franchise, the argument for the rights of citizenship drew upon the democratic ideal originating in ancient Greece. There a distinction is made between the rights of the citizen and those of the alien:

The citizen of another state who enters our state as a visitor on sufferance only and who is not part and parcel of our community - may justly have demanded of him that while he is with us he should, without having a voice in their making, submit to our laws and conform to our regulations; his interests are not our common interests, he may be and often is more interested in weakening our social organisation than in strengthening it, ... his only object is generally to get wealth wherewith to return again to his own people; the claims of the citizen to recognition naturally do not apply to the alien.<sup>40</sup>

---

<sup>38</sup> "Griffith Talks White," *The Worker* 16 April 1892: 3. The Hansard Report of his speech on June 6 1889 in approval of Premier Morehead's Legislation to end the importation of indentured labour into the colony was reprinted so as to be considered beside the *Manifesto*.

<sup>39</sup> "Wallace Nelson on Black Labour," *The Worker* March 1892: 3.

<sup>40</sup> "One-Man-One-Vote," *The Worker* 13 June 1891: 5.

In this case, the alien is not disbarred from the rights of citizenship because he is not equal, but because he could not possibly have a share in the collective interests of the state, being capable of maintaining only his own selfish interests. In either case, in these arguments, whether the alien is fundamentally unequal to the citizen, or whether he does not share in the interests of the body politic, he is disbarred.

The first set of arguments against the reintroduction of black labour were that the proposal was undemocratic, a threat to the nation, to the ideals of liberty, equality, and fraternity, and the principles of citizenship. Initially, the newspaper protest is based on the contention that the actions of the Government are antithetical to proper democratic precedents. This Government was "returned on the distinct understanding given by the vast majority of its members that Queensland should be a white man's land." It asks: "If the Government betrays the people, how can the people be expected to feel towards the Government?" for the Government has violated "unwritten but clearly understood conditions of parliamentary governance."<sup>41</sup> They have violated the mandate to govern given to them by the people, made a mockery of the democratic process, and disregarded the precedent which requires that Parliament only legislate in accordance with the clearly expressed desire of its constituents, rather than "causelessly turn about, swallow its pledges and make of itself a living lie, a national infamy" (1).

---

<sup>41</sup> *The Worker* 5 March 1892: 1.



In addition, the reintroduction of kanaka labour is also understood as part of a *global* struggle between Labour and Capital. It is one more strategic attempt by Capital to stave off the inevitable revolution, and workers, who desire to produce at a high wage on their own behalf and who are in the process of living like brothers and a community of citizens, are forced into idleness by this strategy. In an exchange between Samuel Griffith and Dr Paton, the missionary, Griffith blames the labour movement for his action, revealing at the same time that the proposal to reintroduce indentured labour is a strategic response to the earlier industrial unrest. He says: "This is the pass to which the insensate action of the so-called labour party has brought us."<sup>42</sup>

Writing in *The Worker*, both aspiring Labour representatives, Hinchcliffe and Nelson maintained that the proposed reintroduction was an issue of national importance.

Wallace Nelson depicted a nation in crisis in a pitched battle between labour and capital over the body of the black worker:

I believe there never was a more important crisis in the history of Australia than that which now exists. And I ask all who have faith in human progress - I ask all who desire to build up here a mighty Republic - I ask you, for the black man's sake, as well as the white man's sake, to declare in no uncertain words that you will not endanger the liberties of this fair land in order to further the interests of men who care not for the true glory of the nation, and who fear the presence of the white man because they know that he has tasted of the sweet fruit of freedom, and that he will not rest until he has destroyed the supremacy of capitalism and planted in this great continent the white banner of Liberty, Equality and Fraternity.<sup>43</sup>

---

<sup>42</sup> *The Worker* 2 April 1892.

<sup>43</sup> *The Worker* March 1892: 3.



The reintroduction of black labour is thus represented as retrograde, antithetical to liberty, the nation, and the progress towards freedom gained by workers.

Another set of arguments was mobilised within the context of racial competition, suggesting that the black worker could overtake and triumph over the white worker. These arguments were contradictory to the ideals of equality in a democracy, and were based on a fear of other races who might win the evolutionary struggle and eventually take over the nation. In this argument, the battle over the meaning of the worker becomes attached to the idea of a struggle between races. Hinchcliffe argued that "our nation will be lost - the black man will oust the white man ... History proves the danger. We may crush black labour to-day. But let it gain a solid footing and it will crush us." In support of his argument, he cited the example of Mauritius where "the coolie and his wife do about everything, and the white labourer has been completely supplanted by the black one."

The final argument against black labour was that it was morally wrong. Dr Paton made a plea to Samuel Griffiths which was reported in *The Worker*.<sup>44</sup> Paton argued that the colony's moral values had been eroded by its traffic in slavery: "I hope every other Australian church and colony will show their abhorrence of it by protesting against it in the strongest terms, refusing to be federated with a church and colony so lost to all

---

<sup>44</sup> "The Worst Slavery: That's Dr Paton's Opinion of Black Labour," *The Worker* 2 April 1891.

sense of right and wrong." He supports this argument by referring to the public outcry which resulted in the release of those convicted of murder on the slave ship *Hopeful*.

Griffiths's response to Paton is also based on the idea of a moral obligation to the people and on the imperative of progress: "I could not sit still and look calmly on at the ruin of hundreds and thousands of our own people from want of labour to utilise the rich resources of the country, when such labour is available, as I believe without any moral wrong-doing."<sup>45</sup>

When the bill for the reintroduction of kakana labour was passed, *The Worker* expressed disgust at the morality of a Government prepared to countenance slave labour. The concern that an inferior race would compete with and triumph over an innately superior group coexisted with an argument that only those who were of the same order should be admitted to a social structure which gave equal rights to all who belonged to it. The protection of both racial status and the value given to citizenship amongst those of the same kind is imbricated with a discourse of disease, corruption and degeneration:

Hard times have taken the backbone out of Queensland ... The fruit of twenty years' agitation, of two apparent victories at the polls, of a big movement which had for its object the preservation of Australia as a white man's land, has been snatched away by the unparalleled treachery of a Premier ... And if our Society did not deserve to be betrayed and deceived, if it were not so rotten in itself that little but rottenness could spring from it, we would not have any Griffiths.

---

<sup>45</sup> *The Worker* 2 April 1892.

Paramount is a sense of disgust at the society and the political process. The newspaper exclaims: "This cancer of alien coloured labour has been allowed to eat into the body politic far too long already."<sup>46</sup> To convey this, the indentured labourer is figured as a source of disease, the antithesis of everything that *The Worker* had established as ideal.

The vicious stereotype of the kanaka that Saunders identifies in the last phase of indenture, was not, then, a surprising and embarrassing aberration in colonial history, but a logical result of the formation of the identity of the Queensland worker in a climate of impending federation. A Cartoon from *The Worker* entitled "Griffith's Revenge: What Black Labour Means"<sup>47</sup> shows the white worker chained to the black worker, conveying the sense that the black worker will necessarily impede the white worker in his efforts to secure better conditions (Figure 6).

---

<sup>46</sup> "Editorial: A White Australia," *The Worker* 16 Feb. 1901: 2.

<sup>47</sup> *The Worker* 9 April 1892: 1.



Fig 6

GRIFFITH'S REVENGE: WHAT BLACK LABOUR MEANS.



The figuration of the black body of the Kanaka as leperous was preceded by the association between this disease and the Chinese. Little distinction was made between different cultural or racial groups, but at different times the Kanaka was regarded as having the same potential for communicating disease as the Chinese, while at other times he is depicted as an uncivilised victim of the leprous Chinese, but nevertheless an active source of contamination.<sup>48</sup>

*The Worker* published a medical and scientific investigation by James Cantlie entitled "The Ethnography of Leprosy in the Far East,"<sup>49</sup> published "in view of the horrible disease of leprosy having taken root in Queensland"; the disease is attributed to the Chinese, and the black worker is viewed as a uniquely susceptible victim of an insidious Chinese invasion: "No one can look upon the splendid races of the Pacific, and see how rapidly they become leprosy, without feeling they are doomed, unless the Chinese coolie is prevented from infecting them ...". The article concludes that from the Chinese province of Kwantung and Fokien, "leprosy spreads with diminishing intensity

---

<sup>48</sup> Saunders indicates the error of the perception that the kanaka was, in reality, such a source of disease. Kathryn Cronin describes the process by which the Chinese were scapegoated as diseased:

*It was commonly held that the disease of coloured men were always the most "loathsome", "revolting" and "gruesome" of scourges. According to one doctor, they conjured up "... visions of unutterable misery and woe, with all the horrors of the inferno". Of these "germs", the most horrendous was leprosy, and in Queensland this disease, seemingly, could still invoke remnants of an almost Medieval terror.*

She explains William Lane's concern, as expressed in his novel *White or Yellow? A Story of the Race War of AD 1908*, with a Chinese invasion which he sees in the context of a struggle between races that is based on the fear of miscegenation. "Thus the socialist struggle could be here combined with the race struggle." Cronin in Evans 295.

<sup>49</sup> James Cantlie, "Report on the Conditions Under Which Leprosy Occurs in China, Indo-China, Malaya, the Archipelago, and Oceania: Compiled Chiefly During 1894," *Prize Essays on Leprosy* (London: New Sydenham Society, 1897).

in all directions," and "in not a single instance are the native races attacked without there being Chinese lepers in the country."<sup>50</sup>

Since the living conditions of other races were considered symptomatic of their innate filthiness and unhealthiness, it is only a short step then to regard them as a source of contamination to others. For example, an editorial on immigration makes the connection between competition in the labour market, living conditions, and the potential for contagion: "Here in Queensland the unskilled labourer is brought into actual competition with the leprous and cheap living Asiatic."<sup>51</sup> It complains about the living conditions of the Chinese by drawing upon a discourse of public health:

The position of Queensland in regard to this accursed alien introduction is becoming intolerable. The shocking filth and disease of the slums relegated to the offscourings of Asia in almost every important centre of population north of the tropic of Capricorn, is a matter of daily comment in the columns of our Northern exchanges.

The alien worker is a slave who lives in poverty, eats unsuitable and insufficient food in dirty living conditions. Inevitably he is a source of disease. *The Worker* writes of "a disguised slavery of coloured aliens with all its concomitant evils of degradation, dirt, and disease." It argues that "All reliable scientists readily admit that uncleanness, poverty, unsuitable and insufficient food are the predisposing causes from which this and kindred diseases spring"<sup>52</sup> and it contends that "We cannot have Health Boards

---

<sup>50</sup> "The Ethnography of Leprosy in the Far East," *The Worker* 23 July 1898: 6.

<sup>51</sup> "Editorial Mill: Immigration," *The Worker* June 24 1899: 2.

<sup>52</sup> *The Worker* 14 July: 2.

and Health Inspectors on every sugar plantation or farm to look after the coloured aliens and their ways. Neither can we force them to change the natural habits to which they were born and bred." Yet in another article it suggests that "Those people conceal their filth, and the white man must insist on seeing those hidden seed-beds of disease."<sup>53</sup>

Fascinatingly, although leprosy was associated with both Chinese and kanaka, the Government policed only the kanaka population by inspecting them for disease. In response to such moves to establish medical surveillance, the newspaper asked "What does White Queensland think of the proposed parade of Polynesians now in the colony with a view to inspecting them for leprosy? Does it not show a recognition of the arguments so often advanced by this journal?" It also quotes the *Sydney Evening News* which asks why the Chinese are not being inspected as well, and suggests that "it looks like a sop to quieten the scare that has arisen of late." The Southern newspaper benignly comments that in any case "a medical examination of such heterogeneous company as that of the Pacific Islanders in Queensland would necessarily afford much information valuable to medical science, and then to the public."<sup>54</sup>

The kanaka was regarded as the most susceptible to leprosy on account of his lowly status on the evolutionary scale. As Saunders points out "On the *Scala Natura*, the Melanesians would always be on 'the foot of the ladder' as their 'intellect will always

---

<sup>53</sup> *The Worker* 5 May 1900: 12.

<sup>54</sup> "Editorial Mill: Piebald Queensland," *The Worker* 1 April 1899: 2.



move in a narrow circle.'"<sup>55</sup> Links are made between leprosy as a germ disease to which the kanaka is particularly susceptible and the superior ability of so called civilised races to resist disease:

It is known now that such diseases as typhoid, smallpox, measles, and consumption are caused by infinitesimally small forms of life, which manage, under favourable circumstances, to obtain access into the human system, and swarming and breeding therein with alarming rapidity, ultimately overwhelm and destroy one or other of the vital organs of the body. These germs are everywhere - in water, air, and food, but particularly in cities and in centres of population.<sup>56</sup>

However: "the systems of civilised beings, accustomed to the conditions of civilised life have acquired the power of resisting, to a very large extent, the sinister attempts of the germs," but

the unfortunate kanaka, whose life, and whose ancestors' lives have has no such experiences and no such germs to war against, have acquired no such capacity, and so falls an easy prey to germ armies. It is the germ disease principally that decimates the kanaka in Queensland, and if there were no other reason, this alone would make his introduction here a shame and a crime. But what does the profit monger care? (5)

Just as the white worker was seen as threatened by races who promised to deprive him of his livelihood, the black worker was invaded by armies of germs who invaded his body to rob him of his health and life. The predicament of the white worker is thus in part displaced onto the black body, overcoming the potential contradiction between (civilised) white resistance to germs and white susceptibility (otherwise there would be no threat).

---

<sup>55</sup> Saunders in Evans 163 quoting Gobineau *The Inequality of the Human Races* 205.

<sup>56</sup> "Bystander's Notebook: Kanaka Mortality," *The Worker* 17 June 1899: 5.



Sander Gilman describes Western concepts of disease as "the fear of collapse" and a sense of "dissolution."<sup>57</sup> Leprosy was (and is) always associated with loss: loss of fingers, toes, nose, facial features. For the white worker, when the black body is branded with leprosy, fear of loss of identity, collapse of a potentially ideal social order, and disintegration of the organised body of the worker(s) are simultaneously externalised. It is not so surprising then that this black body will eventually be understood as a threat of the same order as a disease which produces defacement and loss, particularly the loss of human features, and that this threat would ramify, like an epidemic, throughout the whole state and eventually the nation. Black labour (like Chinese) is, therefore, for the white worker, literally "scab" labour.

Another step in this externalisation of social collapse and loss of working class identity is graphically represented in an article entitled "A Visit to the Queensland White Leper Station."<sup>58</sup> This visit is to the leper station on Stradbroke Island where the innocent victims of the Government's policies are revealed. One young man is described with "horribly misshapen and distorted features ... puffed up in an extraordinary manner. The fingers were twisted, several toes had dropped off, and the voice was almost inaudible, with a peculiar huskiness." But its most vivid description is reserved for a child who is close to death:

The sight that made our hearts grow sick and a feeling come over us as if the blood were freezing in our veins was when the doctor took us to the bedside of a

---

<sup>57</sup> Gilman, *Disease and Representation* 1.

<sup>58</sup> *The Worker* May 28 1898: 7.

little boy who used to attend one of the State schools. The ghostly appearance appalled us and can never be forgotten. The flesh had been eaten away from the crown of his head to the soles of his feet. We were gazing on a breathing skeleton. The whole body was the colour of a piece of raw meat turning black with decay. The features had disappeared, nothing being left but the bones covered with large repulsive scales. He could not suffer the bedclothes to touch him, and was in constant pain. He scarcely even slept, and the appetite was almost gone. Yet he was exceedingly patient, but anxious to die.

The disease has metamorphosed an innocent child into a featureless, suffering mass of raw, decaying flesh - a picture of living death. His plight is represented as an attack on the family, for the article continues:

Think of it, fathers and mothers! A disease of such unspeakable loathsomeness is brought into our land with "suitable labour" - brought here by the cheap Asiatic and South Sea islanders, who are utterly despised by their masters, and are the means of driving away or reducing to starvation the white worker and his family.

The child becomes emblematic of the attack upon the white working family as the unit of the state. The statistics of those suffering from leprosy are given to argue that "leprosy among the white population of Queensland is evidently on the increase" and that there are "over one hundred on Friday Island." It concludes

Our advice to the people of Australia is to take no risks from the filthy Asiatic and South Sea aliens, who bring with them many disgusting vices and habits. They are unnecessary parasites, and the sooner legislation exists that will exclude them from the country altogether the better and safer it will be for the people of Australia.

The Kanaka is made to bear responsibility not only for the spread of an actual disease, but for being the source of "social disease":

Used-up kanakas are as numerous in Bundaberg as mosquitos in a gully on a summer night and as malodorous as a procession of overladen night-carts. They

lie about, physical and moral wrecks as they are, filling the air with social disease germs more deadly than influenza or leprosy.<sup>59</sup>

Such deadly "social germs" have the potential to cause more damage than "influenza or leprosy". Saunders points out that one of the most commonly expressed fears was that of the sexuality of the black man, particularly of miscegenation and the resulting social contamination. This mixing of races was taken to be a violation of the laws of nature, the punishment for which was the outbreak of leprosy:

Asiatics and kanakas are of a different civilisation to ours. We cannot blend with them, unless at the cost of degrading our race to their bestial level. They are noted for their filthy and unclean habits, being satisfied to live in a much lower hygienic plan than the lowest member of our civilisation, and their peculiar susceptibility to dirt diseases makes their presence now a danger of greater gravity than ever.<sup>60</sup>

In addition, the moral tenor of the society was fragmenting:

The licensed and unlicensed immorality, the ravages, ... insults to women, and murders, rampant everywhere where the alien population gathers, is an alarming feature in the development of this momentous question.<sup>61</sup>

To trace the deterioration in the tone of the social organism, *Progress* published statistics of the marriages of Kanaka men and white women, and ran a column entitled "In Darkest Queensland" in which the officially lower numbers of black labourers in the colony were disputed and any scandals or crimes committed by black labourers, particularly against women, were reported. Generally, the column kept tabs on what it called the "coloured alien invasion" by reproducing the history of the repeal and

---

<sup>59</sup> *The Worker* 21 May 1892: 2.

<sup>60</sup> "Editorial Mill: Aliens and the Plague," *The Worker* 5 May 1900: 2.

<sup>61</sup> *The Worker* 24 March 1900: 5.

reintroduction of legislation to do with the process. It traced the surreptitious introduction, in 1868, of 437 men and 2 women in six ships, in 1869, of 276 men and two more women, and, in 1870, of 581 men and fourteen women in nine ships, until at the end of December in 1898, when it claimed that a total of 24 447 aliens were in the colony. These were characterised as Chinese, Pacific Islanders, Japanese, Javanese, and others, for it argued that the "Kanaka bridge" that Sir Samuel Griffith had claimed would be a temporary measure in his 1892 Manifesto, had become the "means of bringing hordes of other and more dangerous aliens into this afflicted country".<sup>62</sup> It distinguished between the "newly arrived kanaka" and the "semi-civilised black Labourer" who was to be discovered leasing land, marrying white women, and working in other occupations. He could be seen "walking about the colony" and "in fact becoming a part of the population."<sup>63</sup> In *Progress*, the "walkabout Kanaka" (invoking an Aboriginal racism as well) was responsible for increasing the demand for Chinese gambling dens and "many other infamies in this Christian land."<sup>64</sup> Leprosy becomes the metaphor for social disintegration: it is a plague "subtly and silently" infiltrating the white population.

Another social effect of the association with members of a different race is a subsequent general demoralisation amongst employees - the loss of instinct for the equitable.

---

<sup>62</sup> *Progress* 4 March, 1899: 7.

<sup>63</sup> "In Darkest Queensland: The Kanaka as a Permanent Factor," *Progress* 15 April 1899: 7.

<sup>64</sup> "In Darkest Queensland: The Walk-About Kanaka," *Progress* 13 May 1899: 7.



... The sugar planters have become demoralised by inferior races, and a short interval of association with nigger-driving neighbours causes many otherwise estimable people to lose their instincts of fair play between man and man, and develop a spirit of opposition to their employees, whom they accuse of ruining sugar growing by demanding too high wages.<sup>65</sup>

Queensland is considered to be more vulnerable to epidemics such as the Bubonic

Plague on account of its mixed races. *The Worker* quotes the *Courier*:

The dreadful disease now raging may come to us by half-a-dozen avenues, since natives are peculiarly susceptible to attack, and they are continually arriving. It has already been pointed out through our leading correspondence columns that the kanaka is bound to be a source of danger ... Such being the case, Queensland will be worse off than the other colonies when it comes to downright fighting; for she will have friends of the enemy firmly fastened upon her.<sup>66</sup>

As this trope metastasizes, the State itself is figured as leprous. After the election in early 1899, in which Dickson was returned as Premier, *The Worker* exclaimed in despair: "Queensland is tainted .... Queensland is now as leprous in political mind as she is in actual body: she lays rotting in the lazarette which she has created for herself." The State is infected with "political vermin": "this party with the reeking record and smelling soul have been returned to power with a majority." The stigma of disease is transferred from the body of the coloured worker to the politicians who support their introduction, and ultimately to the body politic itself: "Queensland is spiritless ... it has accepted these things with the blots stamped upon their faces and which we call our rulers; it has taken the lepers of its politics to its arms and has contracted the disease."<sup>67</sup> In *Progress*, Queensland was pronounced "the leper of the Australian

---

<sup>65</sup> "Coloured Labour," *The Worker* 9 June 1900: 1.

<sup>66</sup> "The Bubonic Plague," *The Worker* 20 Jan. 1900: 5.

<sup>67</sup> "The Panorama of Politics," *The Worker* 25 March 1899: 11 and 20 Jan. 1900: 5.

states,"<sup>68</sup> and imagined, once again, as a woman, but this time "among the fair daughters of the World now meeting and exchanging garlands and greetings across our Great South Land," still concealing "beneath her white vesture -between her breasts - ... the mouldering leper's scab."<sup>69</sup>

The importance of the disease metaphor and the increasingly extensive burden leprosy comes to bear is tellingly indicated when *The Worker* actually states that "Capitalism and leprosy are our two greatest foes at the present moment if only we knew it; let us deal with them."<sup>70</sup>

---

<sup>68</sup> "In Darkest Queensland," *Progress* 24 June 1899: 7.

<sup>69</sup> "In Darkest Queensland," *Progress* 24 June 1899:7.

<sup>70</sup> "Bystander's Notebook: Leprosy," *The Worker* 6 August 1898: 5.



THE CURSE OF CHEAP LABOUR.

Fig 7

Initially, *The Worker* had reservations about the Federation movement. Federated Labour were suspicious of a regime that did not grow out of a workers' revolution, and suspected that those in power would simply reproduce the structures which would ensure their continued ascendancy. They attempted to block the enabling legislation in Queensland that was designed to set up a State referendum on Federation. This attempt was strategically designed to use the general sense of urgency to make a decision about Federation as a lever to force a decision on the franchise. But by the time of the first Federal Conference of Australian Labour, support for national Federation was founded upon a reformist package that included not only an end to indentured labour, but the exclusion of all coloured aliens from the country. *The Worker's* agenda here was to shift the responsibility for a decision about indentured labour into the Federal arena. At the same time, it represented the Federal elections as the last chance to "fight to a finish upon the coloured alien question" in order to ensure a nation which refuses to "allow the black taint to foul her white body and degrade her to inconceivable depths."<sup>71</sup>

*The Worker* newspaper embodied the struggle that the working class engaged in over the life of the state and the nation. The balance in this struggle was shifting. There were moments of distress, betrayal, and frustration at the blindingly overt exercise of power against the mandate of the people, and there was a relentless campaign which gathered strength over certain potent signifiers, such as the body of the black worker and then the body politic, or the nation. This movement resisted the dominance of the ruling

---

<sup>71</sup> "Editorial Mill: The Federal Labour Platform," *The Worker* 10 Feb. 1900: 2.



class to such an extent that in the moment when the nation was formed, that is, at the Federation of the colonies, the counter-hegemonic force of the Labour movement comprised a very large portion of the collective will and was very much a part of that moment, hegemonic or otherwise. Hall writes that Gramsci understands hegemony as "a very particular, historically specific, and temporary 'moment' in the life of a society." When this rare degree of unity is achieved, a society "sets itself a quite new historical agenda, under the leadership of a specific formation or constellation of social forces."<sup>72</sup> One strand in this coordination of interests, perhaps the one strand that did in fact demonstrate a moment of genuine hegemony negotiated across classes, was an imperative for Australia to be white. At the centre of this imperative was a connection between "other" races and disease, symbolically through the trope of leprosy.

Ray Evans quotes Humphrey McQueen's comment that "Racism is the most important single component of Australian Nationalism."<sup>73</sup> In *Madness and Civilization* (1965)

Foucault writes of the disappearance of leprosy:

What doubtless remained longer than leprosy, and would persist when the lazar houses had been empty for years, were the values and images attached to the figure of the leper as well as the meaning of his exclusion, the social importance of that insistent and fearful figure.<sup>74</sup>

---

<sup>72</sup> Gramsci in Hall 15.

<sup>73</sup> McQueen in Evans, *Race Relations in Colonial Queensland* 364. Evans concludes that the terms used by colonial whites such as the 'Myall nigger,' the 'black scourge' or the 'yellow agony,' created "potent images, both irrational and confounding, which would serve to haunt them persistently, and influence their destinies far longer and more successfully, than a lurking Aborigine, or a riotous 'Kanaka,' or a leprous Chinese would or could."

<sup>74</sup> Foucault, Michel, *Madness and Civilisation: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Vintage Books, Random House, 1988) 6.

The values and images attached to the leper in Queensland were inseparably wedded to those "others", specifically those of other races who threatened, in straightened economic times, to take away "our jobs." "The Great Confinement" exemplifies an interim stage in this process of transference of the stigma and procedures of control from leprosy to madness: "... in this great confinement of the classical age, the essential thing - and the new event - is that men were confined in cities of pure morality."<sup>75</sup> It is tempting to suggest that the image of the "city of pure morality", as expressed in *The Worker* was part of a national imaginary:

The State [is] built up of a multitude of perfect human units. The perfect whole composed as it must necessarily be, of perfect parts. ... To make existence light and happiness attainable and the government really the protector and fosterer of the people. The Old Order has failed; this is the New! Which destiny is Australia to fulfil?<sup>76</sup>

---

<sup>75</sup> Foucault 60-1.

<sup>76</sup> "Editorial: Australia's Destiny," *The Worker* 5 January 1901: 3.

**A Word of Warning.**

The Trades Unionist Society  
warns all Australian Shearers  
against the use of Inferior  
Articles produced by non-Trade  
Union Firms.

**The T.U.S. BRAND**

DEFIES COMPETITION,  
and Challenges All Others to  
the Recut Test.

# The Worker

OFFICIAL JOURNAL OF THE FEDERATED WORKERS OF QUEENSLAND.

Vol. 10—No. 456

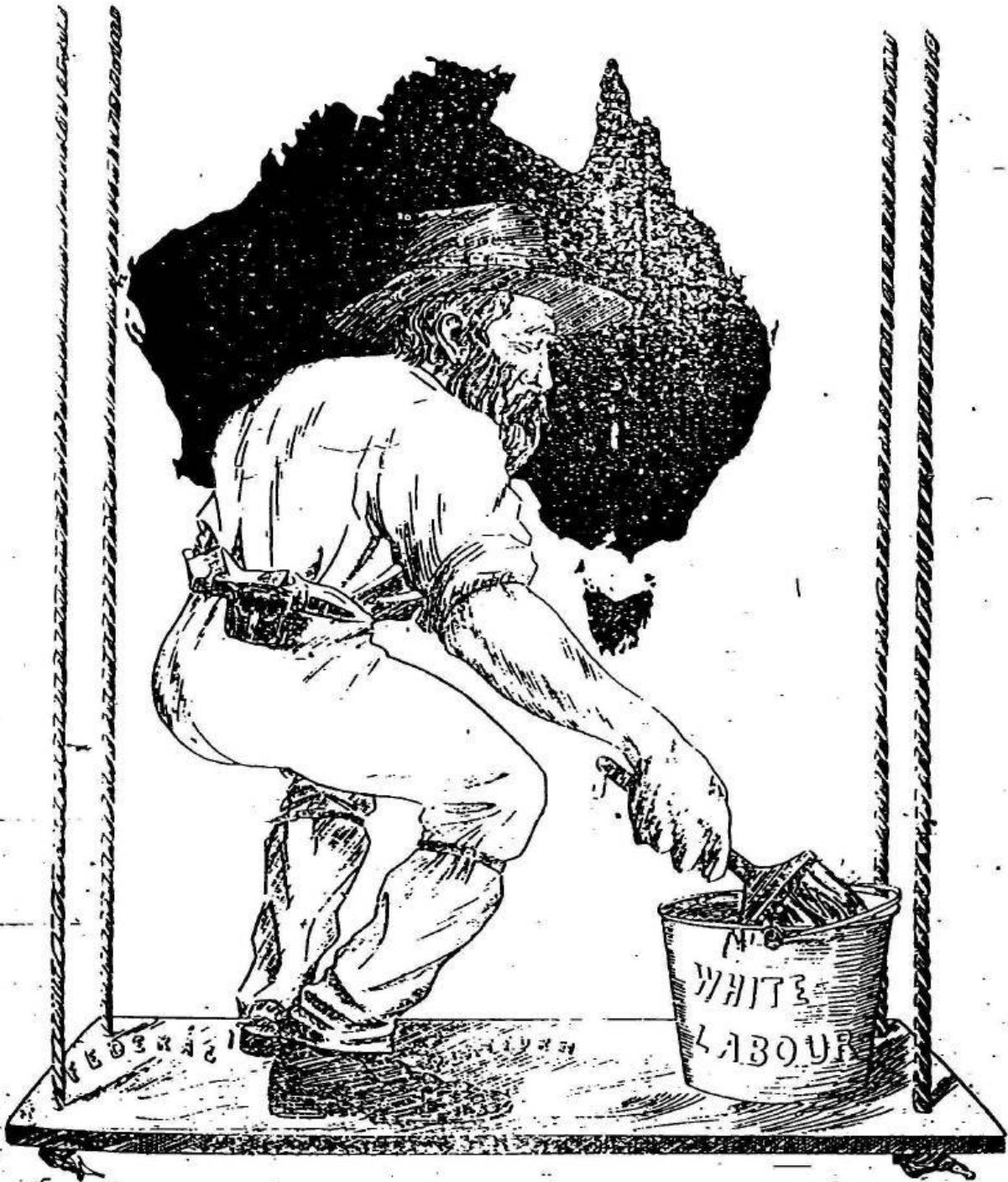
BRISBANE, JANUARY 27, 1900

Price, One Penny

USE  
**T.U.S.  
SHEARS.**

THEY HOLD  
THE WORLD'S RECORD.

Manufactured by the  
T.U.S. Co-Operative Society,  
SHEFFIELD.



**A WHITE AUSTRALIA.**

Fig 8



## Conclusion

### 1996: This Year of the Running Sore<sup>1</sup>

*There is a powerful and destructive residue of racism which still has to be taken seriously and carefully guarded against (Henry Reynolds)<sup>2</sup>*

*Those who called the shots in the anti-Hanson propaganda decided that a "race debate" was the enema we had to have. The lingering fondness for a predominantly white Australia and the consequent often polled suspicions about continued mass Asian immigration had to be purged from the gut of the majority. (Graeme Campbell)<sup>3</sup>*

One hundred years later, the question of the integrity of the nation<sup>4</sup> is again being debated in terms of metaphors of the body and its physical health and well being. Leprosy has not been specifically mentioned, but it has not needed to be. Its legacy remains so potent, and the discourses formed around it are so enduring and so much a part of the national consciousness, that only a few key issues spoken from particularly pertinent sites of enunciation are sufficient to revivify the idea of contamination from "others" in the body politic. As Foucault notes, leprosy "disappeared" from Europe in the middle ages, but it left a space which was filled by madness: "Leprosy disappeared,

---

<sup>1</sup> Heather Brown, "The Issue - the Reclaiming of Free Claiming of Free Speech," *Courier-Mail* 19 Oct. 1996: 21.

<sup>2</sup> Henry Reynolds, "A Heritage of Racism," *Courier-Mail* 6 Nov 1996.

<sup>3</sup> Graeme Campbell "Too Tolerant for So Long," *Courier-Mail* 1 Sept 1998 (<http://www.ozemail.com.au/~hiway/ausfirst/mr64.html>) 14 Dec. 1999.

<sup>4</sup> Graeme Campbell, "The Struggle for True Australian Independence," writes of the need to protect "the integrity of our nation, so that our best traditions of tolerance, free speech and free assembly can flourish." Here the integrity of the body is connected with the democratic ideals of the nation to licence a "freedom of speech" which is highly questionable because it includes vilification and hatred. (4 June 1999) (<http://www.ozemail.com.au/~hiway/ausfirst/all4.html>) 14 Dec. 1999.



the leper vanished, or almost, from memory; these structures remained. Often, in these same places, the formulas of exclusion would be repeated, strangely similar two or three centuries later."<sup>5</sup> That "space" vacated by leprosy in Australia was filled both successively and simultaneously by immigration, Pauline Hanson, and the nation: an Australian version of insanity and attempted exclusion.

When in 1997 Pauline Hanson wrapped herself in the Australian flag<sup>6</sup> at the launch of her *One Nation* political party, she aligned herself, her party, and its policies with one version of Australian national identity. This version was founded on preserving the integrity of the body politic, that is, on assumptions that Australia's ethnic composition had always been and should continue to be predominantly Anglo-Celtic. It actively contested constructions of national identity founded on notions of heterogeneity and multicultural identity. When she appeared on page two of the March 27, 1997 edition of the *Courier-Mail* with her arms outstretched, she appeared as a sort of ironic inversion of Bella Clarke, the woman figured in *The Worker*. The "prostitute" who apparently embodied the leprous corruption of the colony was now, ironically, refigured as Pauline Hanson. Bella's embodiment of the contaminating influence of immigrant labour thus found its "cartoon" echo and obverse in the "ordinary Australian" (now female) "battler" who demanded an end to the Asianisation of Australia.

---

<sup>5</sup> Michel Foucault, *Madness and Civilization* 7.

<sup>6</sup> Her gesture was a reply to Cathy Freeman's wearing the flag of Indigenous Australia at the Atlanta Olympics.



Fig 9



Initially, Hanson's concern for the nation was expressed as the opinion of any "ordinary" Australian "battler." She introduced herself in her maiden speech in Federal Parliament as "a woman who has had her fair share of life's knocks" - as mother, sole parent, and businesswoman. She also identified herself as a "worker" who has earned her right to what is hers: "I worked for my land, no one gave it to me."<sup>7</sup> Part of this subject construction is drawn from the same cluster of discourses that formed the Australian worker in the 1890s, but is now feminised - Hanson is a capable woman who runs her own business and supports her family by her own labour. By implication, her self construction takes place in contrast to those to whom land has been/is being/or will be given - indigenous people who are contesting native title rights in the High Court of Australia and Asian immigrants.<sup>8</sup> Even though she is fervently opposed to Labour's contemporary political agenda, she is critical of all politicians in much the same spirit as *The Worker* was. Conversely, while she was dis-endorsed by the Liberal Party, and was elected as an Independent, she delights in remarking on how much her views have in common with the sentiments on immigration expressed by the Liberal Prime Minister, John Howard.<sup>9</sup> Paul Kelly identifies her heritage in this way:

---

<sup>7</sup> Pauline Hanson, "Australia, Wake Up!" Her Maiden Speech to the Australian Federal Parliament, 10 Sept. 1996, *One Nation* (<http://www.gwb.com.au/gwb/news/photo/phtalk.html>) 14 June 1999.

<sup>8</sup> A very large part of Pauline Hanson's self construction takes its point of departure from the so-called privileges that Governments have made available to Indigenous people - what she calls the Aboriginal industry. I am not attempting to address this very large aspect of her critique. The burden carried by Indigenous people in the management of leprosy in Queensland is another complementary story which really only gathers momentum at Federation and into the time of Sir Raphael Cilento's ascendancy as medical authority in Queensland. This is the story of Fantome Island -one that will have to wait for another day.

<sup>9</sup> Her party claims that twelve months after her original letter to the *Queensland Times*, the Prime Minister echoed the same sentiments that she had been expressing. "Pauline Hanson's letter to the *Queensland Times* 6 Jan. 1996," (<http://www.gwb.com.au/gwb/news/onenation/qtfirst.html>).

Hanson's ideology is essentially an old-fashioned racial isolationism which strikes a chord within elements of the national psyche. It is potent precisely because it is a mirror of what Australia once was. Hanson is an echo of the past and she trades on this nostalgia.<sup>10</sup>

Yet in one sense, Pauline Hanson is really irrelevant to the life of this particularly resistant discursive formation. Just as Bella Clarke became the focus of a number of mutually reinforcing anxieties, clustered around the identity of the nation, so too, when Pauline Hanson wrapped herself in the flag, she positioned herself at the nexus of contesting discourses of national identity. These discourses emerged from the 1890s and continue to have imaginative purchase and to cause various forms of national heartburn. They conceal an interest in purity and a fear of contagion, and they bring these interests and fears to bear upon both physical bodies of "others" and the body politic, particularly in the form of concerns about "racial" and "ethnic" composition.

Hanson's self-appointed role is to say what others have been thinking, but have not been able to say because of the recent constraints imposed by "political correctness." With a trembling voice, she defies such constraints for the sake of those she terms "ordinary Australians." The newspapers also describe those who identify with her as "battlers," and imply a connection to some earlier constructions of national identity:

And so, it seems, the romantic notion of the Aussie battler has finally come back to haunt us - and brought with it the anxious, the struggling, the poor. They come from small towns, from farms, from sprawling suburbs that swing between mortgage and misery. All the losers from the transformed global economy the politicians tell us about.<sup>11</sup>

---

<sup>10</sup> Paul Kelly, "The Challenge of Pauline Hanson," *The Weekend Australian* 26-27 April 1997: 21.

<sup>11</sup> Heather Brown, "Glare from the Eyes of a Tigress," *Courier-Mail* 3 May 1997: 23.



Opposition to Hanson came from what the right termed the new "elites." These "elites" are identified in Hanson's publication *The Truth* as those who want Australia to become an Asian nation.<sup>12</sup> Drawing then on another Australian tradition, in this case anti-intellectualism, Hanson accuses this elite of being "traitors" within the gates who "rot the soul of a nation ... work[ing] secretly and unknown in the night to undermine the pillars of a city - they infect the body politic so that it can no longer resist."<sup>13</sup> This new "class," Manne tells us, (commenting on *The Truth*), is described as "decadent" and "cosmopolitan," and its "'degenerate,' oppressive and evil 'ideology' is imbued with a 'sickly, sticky, stinking false altruism.'"<sup>14</sup> Hanson's opponents are described as "some sections of the print and electronic media, academic snobs, backroom editors, ... some loud-mouthed taxpayer-funded minority groups."<sup>15</sup> For Pauline Hanson and those who subscribe to her political views, the disease in the body politic stems from a "class" of intellectuals who ironically look to the beginnings of Federated labour for their philosophical bases; whereas, for the nineteenth century worker, the disease in the body politic was the result of political figures with capital and land.

Initially, Hanson was figured as the woman who had the courage to identify the state of poor health in the nation. Like Bella Clarke, but from a very different perspective, if

---

<sup>12</sup> Graeme Campbell, "The Struggle for True Australian Independence" 2.

<sup>13</sup> This quote can be found both in Campbell's *Australia First* writings and in Hanson's *The Truth*. It is quoted from *The Truth* in Robert Manne, "Extreme Views the Right Must Reject," *The Weekend Australian* 26-27 April 1997: 21.

<sup>14</sup> Manne 21.

<sup>15</sup> Pauline Hanson, "Grievance Debate Member for Oxley: Right to Free Speech Multiculturalism" 1.

Bella Clarke became the unwitting embodiment of the rot at the heart of the State, Hanson saw herself as focussing attention on the persistence of that (racial and moral) decay. *The Truth* depicts her as having the courage "to destroy the anti-Australian diseases of multiculturalism, Aboriginalism, Asianisation which have been imposed on us."<sup>16</sup> She was a Joan of Arc, a "slip of a girl"<sup>17</sup> who set out bravely to take on the threats to the integrity of the body politic.

Initially (and in keeping with the patterns of the 1890s), the nation was perceived to be facing one of its greatest moments of stress. Graeme Campbell suggested that "Australia is faced with its fourth great challenge since Federation" (the other previous challenges being World War One, the Depression, and World War Two).<sup>18</sup> This current stress is economic; it concerns Australia's relation to a global economy, and results in fears for the ability of the nation to provide employment and security for its citizens. At the same time, government policies of immigration and multiculturalism are targeted as contributors to and indicators of this national crisis. In her maiden speech, Pauline Hanson identifies immigration policy and multiculturalism as areas in which the wishes of "ordinary people" have been ignored:

Immigration and multiculturalism are issues that this government is trying to address, but for far too long ordinary Australians have been kept out of any debate by the major parties. I and most Australians want our immigration policy radically reviewed and that of multiculturalism abolished. I believe we are in

---

<sup>16</sup> Manne 21.

<sup>17</sup> Manne 21.

<sup>18</sup> Graeme Campbell, "The Struggle for True Australian Independence" 1.

danger of being swamped by Asians. Between 1984 and 1995, 40% of all migrants coming into this country were of Asian origin. They have their own culture and religion, form ghettos and do not assimilate.<sup>19</sup>

Commentators on Hanson were united in the impression that the general public wanted the immigration policies of the previous Labour government reviewed. Heather Brown wrote in the *Courier-Mail* "Australians are fed up to the back teeth with immigration, because nobody bothered to ask them what they wanted for their nation anyway. ... they just seemed to open the gates and bring the hoards [sic] flooding in."<sup>20</sup> Mike Steketee in the *Weekend Australian* wrote of the "great divide in the immigration debate" in which people express concerns about "future immigration fracturing social cohesion" and "changing Australia into something unrecognizable and unwelcome."<sup>21</sup> To Hanson, uncaring politicians have continued to allow Australia to play host to immigrants, mainly from Asia, who have refused to integrate, thus threatening to alter the nation's identity irrevocably. In addition, she sees the whole nation under threat from the proximity of the populations of Asia:

Mister Acting Speaker, time is running out. We may have only 10-15 years left to turn things around. Because of our resources and our position in the world, we will not have a say because our neighbouring countries such as Japan, with 125 million people; China, with 1.2 billion people; India, with 846 million people; Indonesia, with 178 million people, and Malaysia with 20 million people are well aware of our resources and potential. Wake up, Australia, before it is

---

<sup>19</sup> Pauline Hanson, "Australia, Wake Up!" 3.

<sup>20</sup> Heather Brown, "The Issue – the Reclaiming of Free Speech," *Courier-Mail* 19 Oct. 1996: 21.

<sup>21</sup> Mike Steketee, "Rich Society – But At A Price: Immigration: the Real Debate: The Face of Our Future," *Weekend Australian* 3-4 May 1997: 3.

too late.<sup>22</sup>

"Dirt poor" Asian hordes are imagined as "swarming" from their over-populated countries towards a huge, sparsely-populated wealthy Australia. At the end of 1996, Hanson suggested that Australia should boost its defence potential in order to "cope with the real threat of invasion from Asian neighbours."<sup>23</sup> Finally, her outbursts against immigration reestablished the connection between immigration and disease: "Australians are sick of imported problems be they crime, disease or aspects of cultural difference that will never be able to accept the Australian way of life":

We must take heed of which people we are going to allow onto our shores. We do not allow in people who have criminal records. We must have people who have something to offer Australia. We do not bring in people with health problems who are going to put such a strain on our hospital system when our own Australians cannot access our hospitals because they are overflowing.<sup>24</sup>

Thus Asian immigrants were figured, once again, as sources of contamination and corruption to the social body and the body politic. But then, as the ensuing economic repercussions of the subsequent race debate were felt outside Australia, Pauline Hanson's expression of concern for the integrity of the body politic rebounded upon her, and, ironically, *she* became the contaminating, contagious influence in the nation - a danger to its national well-being.<sup>25</sup> She was held to be responsible for exposing the

---

<sup>22</sup> Hanson, "Australia Wake Up!" 4.

<sup>23</sup> James Woods, "Beware Invasion: Hanson," *Courier-Mail* 19 Oct. 1996: 7.

<sup>24</sup> Pauline Hanson, "Migration Legislation Amendment Bill (No 4) 1997: Extract from the Current House Hansard" 3 Sept, 1997 (<http://www.gwb.com.au/onenation/speeches/nov2.html>).

<sup>25</sup> Malcolm Fraser, "Hearts Must Guide Response to Hanson," *The Australian* 7 May 1997: 13.



nation to the possibility of treatment as a "pariah." Again in both replay and ironic inversion of nineteenth century events, threats to the Australian economy over the issue of a re-emergent racism were what produced the *volte face*.



Fig 10

## Bibliography

### *Journals, Newspapers, and Archival Source*

*Australasian Medical Gazette* 1891-1900

*Australian Medical Journal*

*The Brisbane Courier* 1889-1892

*The British Medical Journal* 1889-1892

*Intercolonial Medical Journal of Australasia* 1900

*Lancet* 1824-1892

*The Observer*

*Progress*

*The Queenslander* 1891-2

*The Street*

*The Truth*

*The Worker* 1890-1900

*Queensland State Archives (QSA)*

Adams, Francis. *The Seven Books of Paulus Aegineta: Translated from the Greek with a Commentary Embracing a Complete View of the Knowledge Possessed by the Greeks, Romans, and Arabians in All Subjects Connected with Medicine and Surgery*. 3 vols. London: Sydenham Society, 1844.

Albury, Randall. "Cause, Responsibility and Blame in Disease and Disability." *Black Cockatoo* 1.2 (1993): 19-21.

Arning, Dr. "The Inoculation of Leprosy." *British Medical Journal* 11 Jan. 1890: 90-91.

Arnold, David. *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India*. Berkeley, Los Angeles and London: U of California P, 1993.

- Ash, J. E. and Sophie Spitz. *Pathology of Tropical Diseases: An Atlas*. Philadelphia and London: Saunders, 1945.
- Ashburton Thompson, J. "Australasian Maritime Quarantine - Theory and Practice." *Australasian Medical Gazette* (Oct. 1891): 6-9.
- . "The Treatment of Leprosy: Tuberculine." *Australasian Medical Gazette* (Dec. 1891): 74.
- . "Leading Article: Report of the Leprosy Commission: - as to Contagion." *Australasian Medical Gazette* (Oct. 1893): 346-8.
- . "Leading Article: Report of the Leprosy Commission: - as to Heredity." *Australasian Medical Gazette* (Nov. 15 1893): 378-82.
- . "Leading Article: Report of the Leprosy Commission: - as to Environment." *Australasian Medical Gazette* (Jan. 1894): 20-23.
- . "On the History and Prevalence of Lepra in Australia." *Intercolonial Medical Journal of Australasia* 3.2 (1898): 65-77.
- . "A Contribution to the History of Leprosy in Australia." *Prize Essays on Leprosy*. London: New Sydenham Society, 1897.
- "Australia: The Outbreak of Smallpox." *Lancet* 13 Aug. 1892: 401.
- "A Victim of Leprosy." *British Medical Journal* 26 Jan. 1889: 222.
- Balina, L. M. "Reflections on the International Leprosy Congresses and Other Events in Research, Epidemiology, and Elimination of Leprosy." *International Journal of Leprosy* 62.3 (1994): 412-27.
- Bancroft, Joseph. "Original Articles: Leprosy in Queensland." *Australasian Medical Gazette* (Dec. 1892): 427-30.
- Barrell, John. *The Infection of Thomas de Quincey: A Psychopathology of Imperialism*. New Haven and London: Yale UP, 1991.
- Becx-Bleimink, Marijke. "Editorial: Search for Effective Short-Course Regimens of the Treatment of Leprosy." *International Journal of Leprosy* 61.1 (1993): 76-101.
- Beer, Gillian. "'The Face of Nature': Anthropomorphic Elements in the Language of *The Origin of Species*." *Languages of Nature: Critical Essays on Science and Literature*. Ed. L. J. Jordanova. London: Free Association Books, 1986. 207-43.



- Benson, J Hawtrey. "Leprosy in the United Kingdom." *British Medical Journal* 13 April 1889: 860.
- Bertelsen, June. *The Lost Years: A Story of Leprosy from Peel Island*. Ed. Anne Ross. Sydney: Surrey Beatty, 1996.
- Bidenkap, J. L. "An Abstract of Lectures on Lepra." *British Medical Journal* 7 May 1887: 996-7.
- Blanc, Henry William. "The Leprosy Question." *The Journal of the American Medical Association*. 23 April 1892: 507-510.
- Boughton, C. R. "Leprosy in Sydney: A Brief Account." *Medical Journal of Australia* 2 (1977): 351-53.
- Bowle, John. *The Imperial Achievement: The Rise and Transformation of the British Empire*. Boston and Toronto: Little, Brown 1974.
- Bowler, Peter J. *Theories of Human Evolution: A Century of Debate: 1844-1944*. Baltimore and London: Johns Hopkins UP 1986.
- Brinton, Daniel. *Races and Peoples: Lectures on the Science of Ethnography*. Philadelphia: David McKay, nd.
- Brody, Saul Nathaniel. *The Disease of the Soul: Leprosy in Medieval Literature*. Ithaca and London: Cornell UP, 1974.
- Brown, Heather. "The Issue - the Reclaiming of Free Claiming of Free Speech." *Courier-Mail* 19 Oct. 1996: 21.
- . "Glare from the Eyes of a Tigress." *Courier-Mail* 3 May 1997: 23.
- Brunton, Lauder. "An Address in Medicine to the British Medical Association at Bournemouth by T. Lauder Brunton, a Lecturer on Materia Medica and Therapeutics and Assistant Physician at St Bartholomew's Hospital," *Lancet* 1 Aug. 1891: 216-21.
- Buckle, Henry Thomas. *Introduction to the History of Civilization in England*. Ed. John M. Robertson. London: George Routledge and Sons, 1904.
- Burdon-Sanderson, J. "The Croonian Lectures: Progress of Discovery Relating to the Origin and Nature of Infectious Diseases: Lectures I-IV." *Lancet* 7 Nov. 1891: 1027-32; 14 Nov. 1891: 1083-88; 21 Nov. 1891: 1149-54; 28 Nov. 1891: 1207-11.
- Cain, P. J. and A. G. Hopkins. *British Imperialism: Innovation and Expansion 1688-1914*. London and New York: Longman, 1993.

- Campbell, Graeme. "Too Tolerant for So Long," *Courier-Mail* 1 Sept 1998.  
(<http://www.ozemail.com.au/~hiway/ausfirst/mr64.html>) 14 Dec. 1999.
- . "The Struggle for True Australian Independence." *Australia First Party* 4 June 1999. (<http://www.ozemail.com.au/~hiway/ausfirst/all4.html>) 14 Dec. 1999.
- Canetti, Elias. *Crowds and Power*. Trans. Carol Stewart. London: Penguin, 1973.
- "Cape of Good Hope." *British Medical Journal* 3 May 1890: 1047.
- Carlyle, Thomas. *Past and Present*. London: Dent and New York: Dutton, 1960.
- . *Sartor Resartus*. Commonwealth of Australia, Melbourne, Sydney and Adelaide: E.W. Cole, nd.
- Cherry, Mark. "Bioethics and the Construction of Medical Reality." *Journal of Medicine and Philosophy* 21.4 (1996): 357-73.
- Chamberlin, J. Edward and Sander Gilman, eds. *Degeneration: The Dark Side of Progress*. New York: Columbia UP, 1985.
- Cilento, Raphael. *Triumph in the Tropics: An Historical Sketch of Queensland*. Brisbane: Smith and Patterson, 1959.
- Clark, C. M. H. *Select Documents in Australian History: 1851-1900*. Sydney: Angus and Robertson, 1955.
- Cochrane, R. G. and T. Frank Davey. *Leprosy in Theory and Practice*. 2nd ed. Bristol: John Wright, 1964.
- Coote, William. *History of the Colony of Queensland*. Brisbane: William Thorne, 1882.
- "Correspondence: The Leprosy Case and Medical Inspection of Emigrants at Liverpool." *British Medical Journal* 31 May 1889: 1278.
- Crowley, F K. ed. *A New History of Australia*. Melbourne: William Heinemann, 1974.
- Cryle, Denis. *The Press in Colonial Queensland: A Social and Political History 1845-1875*. St Lucia, Queensland: U of Queensland P, 1989.
- Davidson, W. S. *Havens of Refuge: A History of Leprosy in Western Australia*. Perth, Western Australia: U of Western Australia P for the Public Health Department, 1978.

- Di Giacomo, Susan M. "Metaphor as Illness: Postmodern Dilemmas in the Representation of Body, Mind and Disorder." *Medical Anthropology* 14 (1992): 109-37.
- Docker, John. *The Nervous Nineties: Australian Cultural Life in the 1890s*. Melbourne: Oxford Press, 1991.
- Donnet, James. "Clinical Notes on Leprosy." *The British Medical Journal* 10 August 1889: 301-5.
- Douglas, Mary. *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. London: Routledge and Kegan Paul, 1966.
- Dutt, R. Palme. *The Crisis of Britain and the British Empire*. London: Lawrence and Wishart, 1953.
- Editorial. *Lancet* 3 Dec. 1892: 1280.
- Editorial. *The British Medical Journal* 12 Nov. 1887: 1056.
- Editorial. *Lancet* Nov. 12, 1892.
- Ehlers, Edward. "On the Conditions Under Which Leprosy has Declined in Iceland and the Extent of its Former and Present Prevalence; Danish Lazar-Houses in the Middle Ages." *Prize Winning Essays on Leprosy*. London: New Sydenham Society, 1895.
- Evans, Ray. "The Hidden Colonists: Deviance and Social Control in Colonial Queensland." *Social Policy in Australia: Some Perspectives 1901-1975*. Ed. Jill Roe. New South Wales: Cassell, 1976.
- . "Night of Broken Glass: The Anatomy of an Anti-Chinese Riot" *Brisbane in 1888*, Ed. R. Fisher. Brisbane History Group Papers No. 8 1988: 47-59.
- Evans, Ray, Kay Saunders, and Kathryn Cronin. *Race Relations in Colonial Queensland: A History of Exclusion, Exploitation, and Extermination*. 3rd ed. St Lucia, Queensland: U of Queensland P, 1993.
- "Exorcizing the Leper." *Medical Journal of Australia* 2.11 (1977): 345-7.
- Fayrer, Sir Joseph. "Congress of Hygiene and Demography." *Lancet* 15 Aug. 1891: 335-7.
- Feeny, Patrick. *The Fight Against Leprosy*. London: Elek Books and Toronto, Canada: Ryerson, 1964.

- Feenstra, P. "Editorial: Will There Be a Need for Leprosy Control Services in the 21st Century?" *Leprosy Review* 65 (1994): 297-9.
- Finch Noyes, A. W. "A Case of Leprosy" *Australian Medical Journal*. December 15, 1891: 574-7.
- Fitzgerald, R. *From the Dreaming to 1915: A History of Queensland*. St Lucia, Queensland: U of Queensland P, 1982.
- Fletcher, Angus. *Allegory: The Theory of a Symbolic Mode*. Ithaca and London: Cornell UP, 1964.
- Foucault, Michel. *The Archeology of Knowledge*. Trans. A. M. Sheridan Smith. London: Tavistock, 1972.
- . *The Birth of the Clinic: An Archeology of Medical Perception*. Trans. A. M. Sheridan Smith. London: Tavistock, 1973.
- . *Madness and Civilisation: A History of Insanity in the Age of Reason*. Trans. Richard Howard. London: Tavistock, 1967.
- Frank, Johann Peter. *A System of Complete Medical Police: Selections from Johann Peter Frank*. Ed. Erna Lesky. Trans. from 3rd ed. Rev. ed. by E Vilim. Baltimore, Maryland: Johns Hopkins UP, c1970.
- Fraser, Malcolm. "Hearts Must Guide Response to Hanson." *The Australian* 7 May 1997: 13.
- Gairdner, W. T. "A Remarkable Experience Concerning Leprosy: Involving Certain Facts and Statements Bearing on the Question - Is Leprosy Communicable Through Vaccination?" *British Medical Journal* 11 June 1887: 1269-70.
- . "Vaccination and Leprosy." *The British Medical Journal* 5 Oct. 1887: 799.
- Gilman, Sander L. *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness*. Ithaca and London: Cornell UP, 1985.
- . *Disease and Representation: Images of Illness from Madness to AIDS*. Ithaca and London: Cornell UP, 1988.
- Gladen, F. G. *The Case Against the Compulsory Segregation of Leprosy in Australia*. Sydney: William Brooks, 1950.
- Gollan, R. "The Australian Impact." *Edward Bellamy Abroad: An American Prophet's Influence*. Eds. S. Bowman et al. New York: Twayne, 1962: 119-136.



- Gunn, Michelle. "Unhealthy Newcomers: A Myth: Immigration: the Real Debate: The Face of Our Future." *Weekend Australian* 3-4 May 1997: 4.
- . "Marriage Results Mixed: Immigration: the Real Debate: The Face of Our Future." *Weekend Australian* 3-4 May 1997: 4.
- Gussow, Zachary. *Leprosy, Racism, and Public Health: Social Policy in Chronic Disease Control*. San Francisco: Westview Press, 1989.
- Gussow, Zachary and George S Tracy. "Stigma and the Leprosy Phenomenon: the Social History of a Disease in the Nineteenth and Twentieth Centuries." *Bulletin of the History of Medicine* 44 (1970): 425-49.
- Hale, David George. *The Body Politic: A Political Metaphor in Renaissance English Literature*. The Hague: Mouton, 1971.
- Haley, Bruce. *The Healthy Body in Victorian Culture*. Cambridge, Massachusetts and London, England: Harvard UP, 1978.
- Hall, Stuart. "Gramsci's Relevance for the Study of Race and Ethnicity." *Journal of Communication Inquiry* 10 (1986).
- Hamlin, Christopher. "Providence and Putrefaction: Victorian Sanitarians and the Natural Theology of Health and Disease." *Victorian Studies* 28 (1985): 381-410.
- Hannah, Barry. "Inside Louisiana's Leper Colony: Old Terror, New Hearts." *Oxford American*. Oct./Nov. 1995: 40-9.
- Hansen, G. Armauer and Carl Looft. *Leprosy: in its Clinical and Pathological Aspects*. Trans. Norman Walker. Bristol: John Wright, 1895.
- Hansen, G. Armauer. *The Memories and Reflections of Dr G. Armauer Hansen*. Trans. G. A. Hansen and Frederick B. Watt. Germany: Germany Leprosy Relief Association, 1976.
- Hanson, Pauline. "Australia, Wake Up!" Her Maiden Speech to the Australian Federal Parliament, 10 Sept. 1996, *One Nation*. (<http://www.gwb.com.au/gwb/news/photo/phtalk.html>) 14 June 1999.
- . "Pauline Hanson's letter to the *Queensland Times* 6 Jan. 1996," (<http://www.gwb.com.au/gwb/news/onenation/qtfirst.html>) 14 June 1999.
- . "Migration Legislation Amendment Bill (No 4) 1997: Extract from the Current House Hansard." 3 Sept, 1997 (<http://www.gwb.com.au/onenation/speeches/nov2.html>). 14 June 1999.

- Haraway, Donna J. *Simians, Cyborgs, and Women: The Reinvention of Nature*. London: Free Books Association, 1991.
- Harding Le Riche, W. and Jean Muller. *Epidemiology as Medical Ecology*. Edinburgh and London: Churchill Livingstone, 1971.
- Hargrave, J C. *Leprosy in the Northern Territory of Australia*. Darwin: A. B. Caudell, Government Printer of the Northern Territory, 1980.
- Harris, Jose. *Private Lives, Public Spirit: A Social History of Britain 1870-1914*. London: Penguin, 1993.
- Hastings, Robert C, ed. *Leprosy*. New York: Longman, 1985.
- Hebra, Ferdinand and Moriz Kaposi. *On the Diseases of the Skin Including the Exanthemata*. vol 4. Trans. and ed. Waren Tay. London: The New Sydenham Society, 1875.
- Herndl, Diane Price. *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940*. Chapel Hill and London: U of North Carolina P, 1993.
- Hillis, John. "The Spread of Leprosy." *British Medical Journal* 5 Nov. 1887: 1022-3.
- Hirschfeld, Eugen. "Original Articles: On Leprosy: From the Bacteriological Laboratory of the Brisbane Hospital." *Australasian Medical Gazette* (Aug. 1892): 303-7.
- . "Leprosy in Queensland" Letter. *Australasian Medical Gazette* 20 Feb. 1896: 70.
- Hurley, Kelly. *The Gothic Body: Sexuality, Materialism, and Degeneration at the 'fin de siecle.'* Cambridge Studies in Nineteenth-Century Literature and Culture 8. Great Britain: Cambridge UP, 1996.
- Hutchinson, Jonathan. *On Leprosy and Fish-Eating: A Statement of Facts and Explanations*. London: Archibald Constable, 1906.
- "Intercolonial Medical Congress of Australasia." Editorial. *Lancet* 12 Nov. 1892: 1106 and 1121.
- "International Congress of Hygiene and Demography." *Lancet* 15 Aug. 1891.
- Impey, S. P. *A Handbook of Leprosy*. London: Churchill, 1896.

- . "Leprosy in South Africa: A Report on the Facts as to the Recent Increase of Leprosy at the Cape and its Prevalence in South Africa." *Prize Winning Essays on Leprosy*. (London: New Sydenham Society, 1895): 191-227.
- Jelly, William. "Communicability of Leprosy." *The British Medical Journal* 23 July 1887: 176.
- Jowett, B. ed. *The Dialogues of Plato: Translated into English with Analyses and Introductions by B. Jowett*. vol 2. Oxford: Clarendon P,
- Kalisch, Philip A. "Lepers, Anachronism, and the Progressives: A Study of Stigma, 1889-1920." *Louisiana Studies: An Interdisciplinary Journal of the South* 12.3 (1973).
- Kanthack, A. A. and Surgeon Major Barclay, "Apparently Successful Cultivation of the *Bacillus Leprae*." *British Medical Journal* 6 June 1891: 1222.
- Kanthack, A. A. and Surgeon-Major Barclay, "The Cultivation of the Leprosy Bacillus," *British Medical Journal* 20 June 1891: 1330.
- Kelly, Paul. "The Challenge of Pauline Hanson." *The Weekend Australian* 26-27 April 1997: 21.
- Koticha, K. K. *Leprosy: A Concise Text*. Bombay, India: Darshan Koticha, 1990.
- Lambert, Agnes. "Leprosy: Present and Past." *The Nineteenth Century* 90 (1884): 465-89 and 91 (1884): 210-27.
- Latour, Bruno. *The Pasteurisation of France*. Trans. Alan Sheridan and John Law. Cambridge Massachusetts and London, England: Harvard UP, 1988.
- Lectures on the Principles and Practice of Physic, by Dr Armstrong*. Theatre of Anatomy, Webb Street." *Lancet*, vols 5-11: 16 Oct. 1824; 29 Nov. 1824; 18 Dec. 1824.
- "Legislation for Lepers." *British Medical Journal* 16 Aug. 1890: 399.
- "Lepers in Bombay." *British Medical Journal* 1 June 1889: 1261.
- "Leprosy in India." *British Medical Journal* 11 Oct. 1890: 855-6.
- Leprosy in India: Report of the Leprosy Commission in India 1890-91*. Calcutta: Superintendent of Government Printing, India, 1893.
- "Leprosy in New South Wales." *The Australasian Medical Gazette* June 1891: 280.



- "Leprosy in New South Wales." Editorial. *Australasian Medical Gazette* 15 March 1892: 165-6.
- "Leprosy." *The British Medical Journal* 15 June 1889: 1364-5.
- "Leprosy in the United Kingdom." *British Medical Journal* 30 March 1889: 721.
- Leprosy in Northern Territory Aborigines*. Australian Department of Health. 1970.
- London, Jack. *The People of the Abyss*. Oakland, California: Star Rover House, 1982.
- Love, Wilton. "Leprosy Certification in Queensland." Editor. *Australasian Medical Gazette* 20 March 1896:
- Lowe, John. "Comments on the History of Leprosy." *Leprosy Review* 18.1 (1947): 54-64.
- Mackenzie, Sir Morrell. "The Dreadful Revival of Leprosy." *Wood's Medical and Surgical Monographs* 5.3 (1890): 603-27.
- Mackerchar, E. *The Romance of Leprosy*. London: The Mission to Lepers, 1948.
- Manne, Robert. "Extreme Views the Right Must Reject." *The Weekend Australian* 26-27 April 1997: 21.
- Martin, James Ranald. "Practical Observations on the History, Causes, and Treatment of Some of the More Important Disorders and Diseases of European Invalids on their Return from Tropical Climates." *Lancet* 1 (1850): 402-5; 442-5; 563-5; 619-21; 749-52.
- Mayhew, Henry. *London Labour and the London Poor*. 4 vols. New York: Dover, 1968.
- McGowen, Randall. "Review Article: Identifying Themes in the Social History of Medicine." *Journal of Modern History* 63 (1991): 81-90.
- McMurray, W. "On Leprosy: Read before the Western Medical Association on August 2nd, 1892." *Australasian Medical Gazette* (Sept. 1892): 337-40.
- . "The Analogous Aspect Which May Exist Between Certain Cases of Syphilis and Leprosy, and the Difficulties of their Differential Diagnosis, with Illustrative Case." *Australasian Medical Gazette* (April 1893): 112-3.
- Mercier, Charles A. *Leper Houses and Mediaeval Hospitals*. London: H. K. Lewis, 1915.



- Miller, Genevieve. "Airs, Waters, and Places." *Journal of the History of Medicine and Allied Sciences* 17 (1962): 129-140.
- "Miller, John" (William Lane). *The Working Man's Paradise: An Australian Labour Novel with an Introduction by Michael Wilding*. Facsimilie Ed. 1980. Sydney, Australia: Sydney UP, 1892.
- Mackenzie, Morell. "The Dreadful Revival of Leprosy." *Wood's Medical and Surgical Monographs* 5.3 (1890): 603-27.
- Morrow, Prince A. "The Prophylaxis and Control of Leprosy in the Country." *Transactions of the American Dermatological Association 24th Annual Meeting*. 1990: 73-90.
- Newman, George. *On the History of the Decline and Final Extinction of Leprosy as an Endemic Disease in the British Islands*. London: Royal Historical Society, 1895.
- "New Regulations for the Treatment of Persons Affected with Leprosy and for the Prevention of the Spread of that Disease in Queensland." *Australasian Medical Gazette* (August 1891): 343.
- News and Notes. Report of a Meeting on HIV Infection in Leprosy. *International Journal of Leprosy* 61.4 (1993): 642-3.
- "New South Wales." *British Medical Journal* 4 April 1891: 779.
- Nordau, Max. *Degeneration*. Lincoln and London: U of Nebraska P, 1968.
- "Opening address of the Governor, the Earl of Jersey to the delegates at the Intercolonial Medical Conference of Australasia." *Lancet* 12 November 1892.
- Parker, Neville and John Pearn, eds. *Ernest Sandford Jackson: The Life and Times of a Pioneer Australian Surgeon by A Group of Medical Contributors*. Brisbane, Queensland: The Australian Medical Association (Queensland Branch), 1987.
- Pasley, C. Burgoyne. "Communicability of Leprosy." *British Medical Journal* 30 July 1887: 270-1.
- Paterson, A. B. *The Collected Verse of A B Paterson Containing "The Man from Snowy River," "Rio Grande," "Saltbush Bill" with an Introduction by Frederick T Macartney*. Sydney: Angus and Robertson, 1921.
- Pfautz, Harold W. ed. *Charles Booth: On the City: Physical Pattern and Social Structure: Selected Writings*. Chicago and London: U of Chicago P, 1967.

Pick, Daniel. *Faces of Degeneration: A European Disorder, c.1848-c.1918*. London: Cambridge UP, 1989.

"President's Address." *Australian Medical Journal* 15 Jan. 1891: 24.

"President's Address." *Australian Medical Gazette* 15 Jan. 1891.

"President's Address." *Australian Medical Journal* 15 and 18 Feb. 1891.

"Presidential Address." *Australian Medical Journal* 15 Feb. 1893.

"Presidential Address: Diseases of the Year." *Australian Medical Journal* 15 Feb. 1893: 72-4.

"President's Address." *Australian Medical Journal* 15 Jan. 1894: 31.

"President's Address." *Australian Medical Journal* 20 Jan. 1895.

Price, M.A., E.M. Anders, R.F. Anders, D.A. Russell, and E.S. Dennis. "Cell-Mediated Immunologic Status of Health Members of Families with a History of Leprosy." *International Journal of Leprosy* 43.4 (1975): 307-13.

Priestley, Eliza. "The Realm of the Microbe." *The Nineteenth Century* 29 (1891): 811-31.

"Proposed Leper Colony in the Indian Ocean." *British Medical Journal* 13 Sept. 1890: 639.

"Public Health in New South Wales." *Lancet* 10 Oct. 1891: 827.

Rake, Beaven. "Experimental Investigations on Leprosy." *The British Medical Journal* 5 Feb. 1887: 275-6.

---. "The Question of Communicability and Heredity of Leprosy." *British Medical Journal* 17 Sept. 1887: 646-7.

*Report on Leprosy by the Royal College of Physicians Prepared for, and Published by her Majesty's Secretary of State for the Colonies, with an Appendix*. London: George Edward Eyre and William Spottiswood, 1867.

"Reports on Medical and Surgical Practice in the Hospitals and Asylums of Great Britain, Ireland, and the Colonies: Liverpool Workhouse Hospital: Interesting Cases." *British Medical Journal* 5 July 1890: 20-21.

Reynolds, Henry. "A Heritage of Racism." *Courier-Mail* 6 Nov. 1996.

- "Review: *Leprosy*. By George Thin, MD. London: Messrs Percival & Co." *Australasian Medical Gazette* Feb. 1892: 140-1.
- "Review of Leprosy: in its Clinical and Pathological Aspects. By Dr G. Armauer Hansen and Dr Carl Looft. Translated by Norman Walker. Bristol: John Wright, 1895." *Australian Medical Journal* Sept. 20, 1895: 429-30.
- Riddel, Robert. *'The Leper Shall Dwell Alone': Peel Island Lazaret Conservation Plan: A Report for the Department of Environment and Heritage*. Brisbane, Fortitude Valley: Department of Environment and Heritage, 1993.
- Ripley, William Z. *The Races of Europe: A Sociological Study*. London: Kegan Paul, Trench, Trubner, 18 ?
- Rogers, Leonard and Ernest Muir. *Leprosy*. 3rd ed. Bristol: John Wright, 1946.
- Rosenberg, Charles E. and Janet Golden, eds. *Framing Disease: Studies in Cultural History*. New Brunswick, New Jersey: Rutgers UP, 1991.
- Ryrie, G. A. "The Psychology of Leprosy." *Leprosy Review* 22 (1951): 13-24.
- Sager, Edmund. "Public Health in New South Wales." *Lancet* 10 Oct. 1891.
- . "Leprosy in New South Wales." *Australasian Medical Gazette* (June 1891): 280.
- Simms, Frederick. "Etiology of Leprosy." *British Medical Journal* 29 June 1889: 1491.
- Simpson, James Y. Antiquarian Notices of Leprosy and Leper Hospitals in Scotland and England. *The Edinburgh Medical and Surgical Journal* 56 (1841):301-30; 57 (1842): 121-56; 57 (1842): 394-429.
- Skinsnes, Olaf Kristen. "Leprosy in Society, I-III." *Leprosy Review* 35.1, 3, 4 (1964): 13-5.
- . "Editorial: Coughing, Sneezing and Mosquitoes in the Transmission of Leprosy." *International Journal of Leprosy* 43.4 (1975): 378-81.
- Skinsnes, Olaf K and Robert M Elvove. "Leprosy in Society V. 'Leprosy' in Occidental Literature." *International Journal of Leprosy* 38.3 (1970): 294-307.
- Smith, L. L. "The Doctor: Concerning a Plague Likely to Occur in these Colonies." *The Australian Journal* December, 1873: 170-2.
- Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. New York: Doubleday Anchor, 1988.



- Spencer, Herbert. *The Evolution of Society. Selections from Herbert Spencer's Principles of Sociology*. Ed. Robert L Carneiro. Chicago: U of Chicago P, 1967.
- . *Social Statics or the Conditions Essential to Human Happiness Specified, and the First of Them Developed*. London: Williams and Norgate, 1868.
- Stanley-Blackwell, Laurie C.C. "Editorial: A Singular Obsession: New Brunswick's Leprosy Doctor." *International Journal of Leprosy* 61.4 (1993): 619-27.
- Stead, W. T. "Government by Journalism" *The Contemporary Review*. (Jan.-June 1886): 653-74.
- Steketee, Mike. "Rich Society - But At A Price: Immigration: the Real Debate: The Face of Our Future." *Weekend Australian* 3-4 May 1997: 3.
- . "Immigration: the Real Debate: The Face of Our Future." *Weekend Australian* 3-4 May 1997: 4.
- Taylor, George Henry. "Leprosy Enquiry," *Australasian Medical Gazette* (Jan. 1896): 11-12.
- Tebb, William. *The Recrudescence of Leprosy and its Causation*. London: Swan Sonnenschein, 1893.
- "The Spread of Leprosy: The Father Damien Memorial Fund." *The British Medical Journal* 23 June 1889: 1424-5.
- "The Indian Leprosy Report." *Australian Medical Journal* 15 July 1899: 358-60.
- "The Leprosy Question in India." *British Medical Journal* 23 Aug. 1890: 469.
- "The Limitations of the Art of Healing." Editorial. *Lancet* October 3, 1891.
- Thin, George. *Leprosy*. London: Percival, 1891.
- Tidswell, Frank. "Leprosy Bacilli in Erythematous Macules." *Australasian Medical Gazette* 20 Oct. 1896.
- . "On Carrasquilla's Serum Treatment of Leprosy." *Intercolonial Medical Journal of Australasia* 5.5 (1900): 233-42.
- Tiffin, Helen. "The Leprosy of Empire": (Dis)Figuring Disease in Kipling, Doyle and Maugham." Unpublished Paper.
- Tomes, Nancy. *The Gospel of Germs: Men Women, and the Microbe in American Life*. Cambridge, Massachusetts and London, England: Harvard UP, 1998.



- "Transmission of Leprosy." *British Medical Journal* 12 Jan. 1889: 93.
- Turner, A Jefferis. "Letters to the Editor: Leprosy Bacillus in Anaesthetic Macules" *Australasian Medical Gazette* 21 Sept. 21 1896: 408.
- Tyrer, John H. *History of the Brisbane Hospital and its Affiliates: A Pilgrim's Progress*. Brisbane, Queensland: Boolarong, 1993.
- Vrettos, Athena. *Somatic Fictions: Imagining Illness in Victorian Culture*. Stanford California: Stanford UP, 1995.
- Wiesenthal, C. S. "Anti-Bodies of Disease and Defense: Spirit-Body Relations in Nineteenth-Century Culture and Fiction." *Victorian Literature and Culture* 22 (1994): 187-220.
- Williams, A. Susan. *The Rich Man and the Diseased Poor in Early Victorian Literature*. Atlantic Highlands, New Jersey: Humanities P International, 1987.
- Woods, James. "Beware Invasion: Hanson." *Courier-Mail* 19 Oct. 1996: 7.
- Wright, M A. *Leprosy an Imperial Danger*. London: Churchill, 1889.





